#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,425

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR CASH G	KANT -	- AGED	AID CODE			
						MOI		
1,173 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	940	11,111	\$	368,995.19	\$ 33.21	9.472		\$ 314.57
@PHYSICIANS SERVICES	135	375	\$	6,971.10	\$ 18.59	.320		\$ 5.94
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	4	8		412.10	51.51	.007	103.03	.35
HOSPITAL VISITS	4	8		412.10	51.51	.007	103.03	.35
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0			.00			
OUTPATIENT SURGERY	0			.00	.00	.000	.00	.00
PRINCIPAL SURGEON	· ·	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		39.89	19.95	.002	39.89	.03
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	134	365		6,519.11	17.86	.311	48.65	5.56
@ PHARMACY	808	6 <b>,</b> 880	\$	200,945.69	\$ 29.21	5.865	\$ 248.70	\$ 171.31
PRESCRIPTION DRUGS	805	2,743		197,515.59	72.01	2.338	245.36	168.38
SNF/ICF	22	99		4,024.59	40.65	.084	182.94	3.43
OUTPATIENTS	787	2,644		193,491.00	73.18	2.254	245.86	164.95
MEDICAL SUPPLIES	38	4,137		3,430.10	.83	3.527	90.27	2.92
@DENTIST	4	17	\$	752.00	\$ 44.24	.014	\$ 188.00	\$ .64
VISITS - DIAGNOSTIC	3	5		165.00	33.00	.004	55.00	.14
ORAL SURGERY	1	5		197.00	39.40	.004	197.00	.17
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	7		390.00	55.71	.006	130.00	.33
PROSTHETICS	0	Ó		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0						
ORTHODONTIC SERVICES	0			.00	.00	.000	.00	.00
ALL OTHER SERVICES	U	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,426

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

1,175 ELIGIBLES	MONTHLY AVERAGE						GΕ					
OF DAYS OF CARE   FER UNITYCAY PER ELIC   USER   ELICIBLE	1,173 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
DIAGNOSTIC AND ANC. PROCED   8   8   8   271.16   33.90   .007   33.90   .223			OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
EYE AFFILIANCES   28	@OPTOMETRIST		111	\$	2,811.36	\$	25.33	.095	\$	58.57	\$	2.40
OTHER OPTOMETRIC SERVICES 2U 32 564.46 17.64 1.027 28.22 4.48 CHIRDPACTOR 0 0 0 8 50.00 5.00 5.00 5.00 5.00 5.00	DIAGNOSTIC AND ANC. PROCED	8	8		271.16		33.90	.007		33.90		.23
SCHINGRACTOR	EYE APPLIANCES	28	71		1,975.74		27.83	.061		70.56		1.68
SCHINGRACTOR	OTHER OPTOMETRIC SERVICES	20	32		564.46		17.64	.027		28.22		.48
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
## PODITATRIST   4	VISITS	0	0		.00		.00	.000		.00		.00
MEDICINE/INJECTIONS	OTHER SERVICES	0	0		.00		.00	.000		.00		.00
SURGERLY/AMES,   0	@PODIATRIST	4	5	\$	201.20	\$	40.24	.004	\$	50.30	\$	.17
BADIO./PATHOLOCY	MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
Color   Colo	SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
OTHER   Color   Colo	RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
NURSE AND STRESTESIST 1 26 \$ 5.9.33 \$ 2.28 .0.02 \$ 5.9.33 \$ .05 NURSE NURSE PRACTITIORER 0 0 0 \$ .00 \$	OTHER	4	5		201.20			.004				.17
NURSE AND STRESTESIST 1 26 \$ 5.9.33 \$ 2.28 0.02 \$ 5.9.33 \$ 0.05 NURSE MINESE MINESE PRACTITIONER 0 0 \$ 0.00	@HOME HEALTH AGENCY	1	9	\$	673.74	\$	74.86	.008	\$	673.74	\$	.57
NURSE MIDMIFE 0 0 5 .00 \$ .00	NURSE ANESTHESIST	1		\$	59.33	\$	2.28	.022	\$			.05
PEDIATRIC NURSE PRACTITIONER	NURSE MIDWIFE				.00	\$	.00					.00
FAMILY NURSE PRACTITIONER   0   0   5   .00   5   .00   0   0   0   0   0   0   0   0			0	\$		\$	.00			.00	\$	.00
NON-HSC HOSPITAL TOTAL 4 9 19,209,46 2134,38 .008 4802,37 16.38 ACCOMMODATIONS 4 9 4,020.17 446.69 .008 1005.04 3.43 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0	\$								.00
NON-HSC HOSPITAL TOTAL 4 9 19,209.46 2134.38 .008 4802.37 16.38 ACCOMMODATIONS 4 9 4,020.17 446.69 .008 1005.04 3.43 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		193	1,337									41.68
NON-HSC HOSPITAL TOTAL 4 9 19,209,46 2134,38 .008 4802,37 16.38 ACCOMMODATIONS 4 9 4,020.17 446.69 .008 1005.04 3.43 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		29			38,114.39		314.99	.103		1314.29		
ACCOMMODATIONS 4 9 4,020.17 446.69 .008 1005.04 3.43 ABMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		1			1,114.88		1114.88	.001		1114.88		
ACCOMMODATIONS 4 9 4,020.17 446.69 .008 1005.04 3.43 ABMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITAL TOTAL	4	9		19,209.46		2134.38	.008		4802.37		
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4	9		4,020.17		446.69	.008		1005.04		3.43
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		.00		.00	.000		.00		.00
ANCILLARIES 4 0 15,189,29 .00 .000 3797,32 12,95 INPATIENT CROSSOVERS 24 111 17,790.05 160.27 .095 741.25 15.17 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0		0.0		0.0			.00		
ANCILLARIES 4 0 15,189,29 .00 .000 3797,32 12.95 INPATIENT CROSSOVERS 24 111 17,790.05 160.27 .095 741.25 15.17 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 177 1,216 10,780.68 8.87 1.037 60.91 9.19 MEDICAL 1 3 118.72 39.57 .003 118.72 .10 SURGERY 1 1 1 13.00 13.00 .001 13.00 .01 PATHOLOGY 2 2 33 54.83 18.28 .003 27.42 .05 RADIOLOGY 1 1 1 35.75 35.75 .001 35.75 .03 ROOM USE 2 2 2 663.61 31.81 .002 31.81 .05 CROSSOVERS/ALL OTH OUTPTNT 175 1,206 10,494.77 8.70 1.028 59.97 8.95 GCOUNTY HOSPITAL TOTAL 0 0 \$ .00 .00 .00 .00 \$ .00 CO HOSPITAL INPATIENT TOTAL 0 0 \$ .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALL OTHER ACCOM	4	9		4,020.17		446.69	.008		1005.04		3.43
INPATIENT CROSSOVERS 24 111 17,790.05 160.27 .095 741.25 15.17 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	4	0		15,189.29		.00	.000		3797.32		12.95
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT CROSSOVERS	24	111					.095		741.25		15.17
MEDICAL         1         3         118.72         39.57         .003         118.72         .10           SURGERY         1         1         13.00         13.00         .001         13.00         .01           PATHOLOGY         2         3         54.83         18.28         .003         27.42         .05           RADIOLOGY         1         1         35.75         35.75         .001         35.75         .03           ROOM USE         2         2         63.61         31.81         .002         31.81         .05           CROSSOVERS/ALL OTH OUTPTNT         175         1,206         10,494.77         8.70         1.028         59.97         8.95           GCOUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         .00         .00         \$         .00           CO HOSPITAL INPATIENT TOTAL         0         0         \$         .00 <td< td=""><td>ALL OTHER INPATIENT</td><td>0</td><td></td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td></td><td></td><td>.00</td></td<>	ALL OTHER INPATIENT	0			.00		.00	.000				.00
MEDICAL         1         3         118.72         39.57         .003         118.72         .10           SURGERY         1         1         13.00         13.00         .001         13.00         .01           PATHOLOGY         2         3         54.83         18.28         .003         27.42         .05           RADIOLOGY         1         1         35.75         35.75         .001         35.75         .03           ROOM USE         2         2         63.61         31.81         .002         31.81         .05           CROSSOVERS/ALL OTH OUTPTNT         175         1,206         10,494.77         8.70         1.028         59.97         8.95           GCOUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         .00         .00         \$         .00           CO HOSPITAL INPATIENT TOTAL         0         0         \$         .00 <td< td=""><td>HOSP OUTPATIENT TOTAL</td><td>177</td><td>1,216</td><td></td><td>10,780.68</td><td></td><td>8.87</td><td>1.037</td><td></td><td>60.91</td><td></td><td>9.19</td></td<>	HOSP OUTPATIENT TOTAL	177	1,216		10,780.68		8.87	1.037		60.91		9.19
RADIOLOGY 1 1 1 35.75 35.75 .001 35.75 .03 ROOM USE 2 2 2 63.61 31.81 .002 31.81 .05 CROSSOVERS/ALL OTH OUTPINT 175 1,206 10,494.77 8.70 1.028 59.97 8.95 GCOUNTY HOSPITAL TOTAL 0 0 \$ .00 \$.00 \$.00 \$.00 HSC HOSPITAL INPATIENT TOTAL 0 0 0 \$ .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		1	3		118.72		39.57	.003		118.72		.10
RADIOLOGY 1 1 1 35.75 35.75 .001 35.75 .03 ROOM USE 2 2 2 63.61 31.81 .002 31.81 .05 CROSSOVERS/ALL OTH OUTPINT 175 1,206 10,494.77 8.70 1.028 59.97 8.95 GCOUNTY HOSPITAL TOTAL 0 0 \$ .00 \$.00 \$.00 \$.00 HSC HOSPITAL INPATIENT TOTAL 0 0 0 \$ .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	SURGERY	_	1		13.00		13.00	.001		13.00		.01
ROOM USE         2         2         2         63.61         31.81         .002         31.81         .05           CROSSOVERS/ALL OTH OUTPTNT         175         1,206         10,494.77         8.70         1.028         59.97         8.95           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	PATHOLOGY	2	3		54.83		18.28	.003		27.42		.05
CROSSOVERS/ALL OTH OUTPINT         175         1,206         10,494.77         8.70         1.028         59.97         8.95           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         .00         .00         \$         .00           CO HOSPITAL INPATIENT TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00           HSC HOSPITALS TOTAL         0         0         .00 <t< td=""><td>RADIOLOGY</td><td>1</td><td>1</td><td></td><td>35.75</td><td></td><td>35.75</td><td>.001</td><td></td><td>35.75</td><td></td><td>.03</td></t<>	RADIOLOGY	1	1		35.75		35.75	.001		35.75		.03
@COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .0	ROOM USE	2	2				31.81	.002		31.81		.05
@COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .0	CROSSOVERS/ALL OTH OUTPINT	175	1,206		10,494.77		8.70	1.028				8.95
HSC HOSPITALS       0       0       .00		0	0	\$		\$	.00	.000	\$	.00	\$	.00
HSC HOSPITALS       0       0       .00	CO HOSPITAL INPATIENT TOTAL	0			.00		.00					.00
ACCOMMODATIONS       0       0       .00	HSC HOSPITALS	0										
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .000 .000 .00 .000 TRANSITIONAL IP CARE 0 0 0 .00 .000 .000 .000 .000 ALL OTHER ACCOM 0 0 .00 .000 .000 .000 .000 ANCILLARIES 0 0 0 .00 .000 .000 .000 .000 INPATIENT CROSSOVERS 0 0 0 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 .000 CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .000 .000 .000 .000 MEDICAL 0 0 0 .000 .000 .000 .000 .000 .000 SURGERY 0 0 0 .000 .000 .000 .000 .000 .000	NON-HSC HOSPITALS TOTAL	0					.00					
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	•										
ALL OTHER ACCOM 0 0 0 0 0 0 0 00 00 00 00 00 00 00 00	ADMINISTRATIVE DAYS	•										
ANCILLARIES 0 0 0 0 0 0 0 0 00 00 00 00 00 00 100		-										
INPATIENT CROSSOVERS 0 0 0 0 .00 .00 .000 .00 .00 .00 .00 .	ALL OTHER ACCOM	•										
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•										
CO HOSP OUTPATIENT TOTAL       0       0       .00       .00       .00       .00       .00       .00         MEDICAL       0       0       .00       .00       .00       .00       .00       .00       .00         SURGERY       0       0       .00       .00       .00       .00       .00       .00       .00	INPATIENT CROSSOVERS	•						.000				
MEDICAL       0       0       .00       .00       .00       .00       .00         SURGERY       0       0       .00       .00       .00       .00       .00       .00												
SURGERY 0 0 .00 .00 .00 .00 .00		0										
		0										
PATHOLOGY 0 0 .00 .00 .00 .00 .00		0										
	PATHOLOGY	0	0		.00		.00	.000		.00		.00

.00 RADIOLOGY 0 0 .00 .000 .00 .00 .00 .000 0 0 .00 .00 ROOM USE .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,427 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 1

PLUMAS COUNTY	SUMMARY OF SERVICE	ES FOR CASH GRA	NT - A	AGED	AID CODE	10				
						M	rnor	HLY AVERA	GE.	
1,173 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE COST					COST PER
		OR DAYS OF CARE			PER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	193		\$	48,895.07	\$ 36.57	1.140		253.34		41.68
COMM HOSP INPATIENT TOTAL	29	121		38,114.39	314.99	.103	·	1314.29		32.49
HSC HOSPITALS	1	1		1,114.88	1114.88	.001		1114.88		.95
NON-HSC HOSPITALS TOTAL	4	9		19,209.46	2134.38	.008		4802.37		16.38
ACCOMMODATIONS	4	9		4,020.17	446.69	.008		1005.04		3.43
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	4	9		4,020.17	446.69	.008		1005.04		3.43
ANCILLARIES	Δ	0		15,189.29	.00	.000		3797.32		12.95
INPATIENT CROSSOVERS	24	111		17,790.05	160.27	.095		741.25		15.17
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	177	1,216		10,780.68	8.87	1.037		60.91		9.19
MEDICAL	1	3		118.72	39.57	.003		118.72		.10
SURGERY	1	1		13.00	13.00	.001		13.00		.01
PATHOLOGY	2	3		54.83	18.28	.003		27.42		.05
RADIOLOGY	1	1		35.75	35.75	.001		35.75		.03
ROOM USE	2	2		63.61	31.81	.002		31.81		.05
CROSSOVERS/ALL OTH OUTPTNT		1,206		10,494.77	8.70	1.028		59.97		8.95
@STATE HOSPITAL	0		\$	.00	\$ .00	.000	\$	.00	ċ	.00
MENTALLY ILL	0	0	۲	.00	.00	.000	۲	.00	۲	.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	25		\$	70,108.77	\$ 246.00	.243	\$	2804.35	ċ	.00 59.77
LEV A-INTERMEDIATE	0	0	۲	.00	.00	.000	۲	.00	۲	.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
	•	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	25	285								.00 59.77
LEV B-REGULAR	0		\$	70,108.77	246.00	.243	\$	2804.35	ċ	
@INTERMEDIATE CARE FACILDD ICF DDH	0	0	Ş	.00	.00	.000	Ş	.00	Þ	.00
ICF DDH	0	0		.00	.00	.000		.00		.00
	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0		\$	.00	\$ .00		\$	.00	Ś	.00
@HEMODIALYSIS TOTAL	0	0	Ş	.00	.00	.000	Ş	.00	Þ	
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		\$	.00	\$ .00		ċ	.00	<u>ر</u>	
@REHABILITATION FACILITY	0	0	Ą	.00	.00	.000	Ą	.00	Ą	.00
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0		\$	.00	\$ .00	.000	\$	.00	ċ	.00
-	0	0	Ą	.00	.00	.000	Ą	.00	Ą	.00
PATHOLOGY	0	0								
XO AND OTHERS	295		\$	.00	.00	.000	ċ	.00	<u>ر</u>	.00
@ORGANIZED OUTPATIENT CLINIC	295 1		Ş	29,165.97	\$ 62.06	.401	Ş	98.87	Ą	24.86
CLINIC	0	2		214.01	107.01	.002		214.01		.18
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	•			.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	294	468	C MONTE	28,951.96	61.86	.399	DEC	98.48	Ε.	24.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	D MON'	TH-OF-PAYMENT RE	LPORT FOR JAN	ZUUZ THKU	DEC	<i>-</i>	Ρ.	AGE 9,428

MOP024 PLUMAS COUNTY FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

						MOI	NTHLY AVERA	GE
1,173 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	107	1,596	\$	8,410.96	\$ 5.27	1.361	\$ 78.61	\$ 7.17
DURABLE MED. EQUIP.	2	5		1,523.10	304.62	.004	761.55	1.30
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	267		1,426.78	5.34	.228	142.68	1.22
AMBULANCES/AIR TRANS	2	109		745.18	6.84	.093	372.59	.64
OTHER TRANS	3	96		189.79	1.98	.082	63.26	.16
OTHER SERVICES	6	62		491.81	7.93	.053	81.97	.42
ACUPUNCTURE	3	6		97.32	16.22	.005	32.44	.08
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	26	59		757.75	12.84	.050	29.14	.65
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	69	1,259		4,606.01	3.66	1.073	66.75	3.93
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000		\$ .00
@XOVER EXCLUDING STATE HOSP**	357	1,942	\$	60,665.03	\$ 31.24	1.656	\$ 169.93	\$ 51.72

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,429 MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 01/17/03

						MON	ITHLY AVERA	GE
190 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	147	17,713	\$	89,052.60	\$ 5.03	93.226	605.80	\$ 468.70
@PHYSICIANS SERVICES	26	40	\$	2,139.56	\$ 53.49	.211	82.29	\$ 11.26
OUTPATIENT VISITS	12	12		615.21	51.27	.063	51.27	3.24
OFFICE VISITS	8	8		439.82	54.98	.042	54.98	2.31
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		108.73	54.37	.011	54.37	.57
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		66.66	33.33	.011	33.33	.35
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	9	821.12	91.24	.047	273.71	4.32
PRINCIPAL SURGEON	3	4	659.72	164.93	.021	219.91	3.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	161.40	32.28	.026	161.40	.85
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	71.37	23.79	.016	23.79	.38
RADIOLOGY	10	11	534.52	48.59	.058	53.45	2.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	5	97.34	19.47	.026	24.34	.51
@PHARMACY	103	447	\$ 36,588.68	\$ 81.85	2.353	\$ 355.23	\$ 192.57
PRESCRIPTION DRUGS	103	413	34,090.75	82.54	2.174	330.98	179.43
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	103	413	34,090.75	82.54	2.174	330.98	179.43
MEDICAL SUPPLIES	6	34	2,497.93	73.47	.179	416.32	13.15
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 9,430
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR CASH GRAN'	T - BLIND	AID CODE	2.0		

----- MONTHLY AVERAGE -----190 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.5 29 .153 \$ 293.98 \$ 23.21 @OPTOMETRIST 4,409.71 \$ 152.06 DIAGNOSTIC AND ANC. PROCED 8 8 398.46 49.81 .042 49.81 2.10 EYE APPLIANCES 17 3,940.43 .089 394.04 10 231.79 20.74 70.82 4 0 OTHER OPTOMETRIC SERVICES 3 .021 23.61 .37 .000 \$ .00 \$ @CHIROPRACTOR .00 .00 \$ .00 .00 .00 VISITS .000 .000 .000 .000 .000 .000 .00 .00 \$ .00 OTHER SERVICES 0 .00 .00 0 .00 \$ .000 \$ .00 @PODIATRIST .00 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. .00 .00 .00 RADIO./PATHOLOGY .00 .00 .00 .00 .00 .00 \$ .00 .00 \$ .00 OTHER 0 .00 .00 0 .000 \$ .00 \$ @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .000 \$ .00 \$ .00 \$ .00 .000 \$ .00 \$ .00 NURSE MIDWIFE .00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 \$ .00 \$ .00 FAMILY NURSE PRACTITIONER .00 \$ .00 .000 \$ .00 \$ .00 14,350.02 3.3 163 \$ 88.04 .858 \$ 434.85 \$ @TOTAL HOSPITAL 1900.00 1 5,700.00 .016 5700.00 HOSP INPATIENT TOTAL 30.00 

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 5,700.00 HSC HOSPITALS 30.00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 .00 8,650.02 916.84 54.06 33 HOSP OUTPATIENT TOTAL 160 45.53 MEDICAL 9 19 222.82 SURGERY 3 3 1.17 PATHOLOGY 53 793.02 4.17 19 2,829.55 148.92 .100 257.23 RADIOLOGY 19 28 1,281.38 45.76 .147 67.44 6.74 ROOM USE .200 38 CROSSOVERS/ALL OTH OUTPTNT 14 2,606.41 68.59 
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 186.17 13.72 .000 \$ .00 \$ @COUNTY HOSPITAL TOTAL .00 \$ .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .00 .00 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .00 ALL OTHER ACCOM .00 .00 .00 .000 ANCILLARIES .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	I FOR JAN	2002 THRU D	EC 2002	PAGE 9,431
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	r - BLIND	AID CODE	20		
					MC	NTHLY AVERAC	SE

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190 ELIGIBLES	USERS	UNITS OF	SEBVICE	,	EXPENDITURES	2\7.71	ERAGE COST			COST PER	-	COST PER
190 EHIGIDES	OSEIG	OR DAYS	-		EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	33	OK DAIS	163	\$	14,350.02	\$	88.04	.858		434.85		75.53
COMM HOSP INPATIENT TOTAL	1		3	Ÿ	5,700.00	Ÿ	1900.00	.016	Y	5700.00	Y	30.00
HSC HOSPITALS	1		3		5,700.00		1900.00	.016		5700.00		30.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	0		0									
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0				.00					.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	33		160		8,650.02		54.06	.842		262.12		45.53
MEDICAL	9		19		916.84		48.25	.100		101.87		4.83
SURGERY	3		3		222.82		74.27	.016		74.27		1.17
PATHOLOGY	10		53		793.02		14.96	.279		79.30		4.17
RADIOLOGY	11		19		2,829.55		148.92	.100		257.23		14.89
ROOM USE	19		28		1,281.38		45.76	.147		67.44		6.74
CROSSOVERS/ALL OTH OUTPTNT	14		38		2,606.41		68.59	.200		186.17		13.72
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	1		15	\$	3,202.50	\$	213.50	.079	\$	3202.50	\$	16.86
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	1		15		3,202.50		213.50	.079		3202.50		16.86
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	Ś	.00	.000	Ś		Ś	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5		6	\$	5,232.76	Ś	872.13		\$	1046.55	Ś	27.54
HOSPITAL BASED	0		0	Υ	.00	Υ	.00	.000	٧	.00	7	.00
HEMODIALYSIS CENTER	5		6		5,232.76		872.13	.032		1046.55		27.54
@REHABILITATION FACILITY	2		5	\$	236.15	\$	47.23	.026	Ċ	118.08	Ċ	1.24
HOSPITAL BASED	2		5	Ÿ	236.15	Ÿ	47.23	.026	Y	118.08	Y	1.24
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2		8	\$	107.01	\$	13.38	.000	ċ	53.51	ċ	.56
PATHOLOGY	2		8 8	Ą	107.01	Ą	13.38	.042	P	53.51	Ą	.56
	2		8									
XO AND OTHERS	U		U		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	56	111 \$	8,443.51	\$ 7	6.07	.584 \$	150.78	\$ 44.44
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	1	1	21.66	2	1.66	.005	21.66	.11
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	55	110	8,421.85	7	6.56	.579	153.12	44.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FO	R JAN 2	2002 THRU DE	C 2002	PAGE 9,432
MOP024	FEE-FOR-SERVICE/	DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR CASH GRAN	r - BLIND	AI	CODE	20		
						MON	THLY AVERA	GE
190 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAG	E COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UN	IT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	38	16,889 \$	14,342.70	\$	.85	88.889 \$	377.44	\$ 75.49
DURABLE MED. EOUIP.	3	9	6,941.25	77	1.25	.047	2313.75	36.53

190 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	38	16,889	\$	14,342.70	\$ .85	88.889	\$ 377.44	\$ 75.49
DURABLE MED. EQUIP.	3	9		6,941.25	771.25	.047	2313.75	36.53
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	6		56.96	9.49	.032	28.48	.30
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		500.00	250.00	.011	500.00	2.63
PROSTHETICS	1	2		500.00	250.00	.011	500.00	2.63
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	267		3,572.21	13.38	1.405	178.61	18.80
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	22	16,605		3,272.28	.20	87.395	148.74	17.22
@CALIF. CHILDREN SERVICES*	16	85	\$	27,434.45	\$ 322.76	.447	\$ 1714.65	\$ 144.39
@XOVER EXCLUDING STATE HOSP**	14	28	\$	5,489.31	\$ 196.05	.147	\$ 392.09	\$ 28.89

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,433
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

----- MONTHLY AVERAGE -----6,885 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE 5,588 95,859 3,867,810.88 \$ 40.35 13.923 \$ 692.16 \$ 561.77 @TOTAL, ALL PROVIDERS 3,489 .507 \$ 104.41 \$ 17.35 119,444.72 \$ 34.23 @PHYSICIANS SERVICES 1,144 39.18 .049 37.08 .034 .00 .000 53.62 .008 49.01 271 339 OUTPATIENT VISITS 13,281.50 1.93 8,714.47 OFFICE VISITS 198 235 44.01 1.27 0 HOME VISITS 0 .00 .00 EMERGENCY ROOM 49 58 3,110.15 63.47 .45

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00		.00	.00	)	.00		.00
OB VISITS/COMPRE PERI	3	4	2	43.44	6	0.86	.00	L	81.15		.04
OTHER OUTPATIENT	41	42	1,2	13.44	2	8.89	.00	5	29.60		.18
INPATIENT VISITS	88	346	19,1	36.60	5	5.31	.05	)	217.46		2.78
HOSPITAL VISITS	85	308	14,5	71.21	4	7.31	.04	5	171.43		2.12
CRITICAL CARE	9	36		00.09		5.00	.00	5	500.01		.65
SNF/ICF/TRANS IP CARE	2	2		65.30	3	2.65	.00	)	32.65		.01
OPHTHALMOLOGICAL SERVICES	9	9		06.15		5.13	.00	L	45.13		.06
EXAMINATIONS	9	9		06.15		5.13	.00		45.13		.06
SERVICES AND MATERIALS	0	0		.00		.00	.00	)	.00		.00
INPATIENT HOSPITAL SURGERY	31	163	20,2	57.02	12	4.28	.02	1	653.45		2.94
PRINCIPAL SURGEON	22	40	16,5	63.39	41	4.08	.00	5	752.88		2.41
ASSISTANT SURGEON	4	4	1,0	48.01	26	2.00	.00	L	262.00		.15
ANESTHESIOLOGIST	9	119		45.62		2.23	.01	7	293.96		.38
OUTPATIENT SURGERY	60	150		48.99	10	2.99	.02	2	257.48		2.24
PRINCIPAL SURGEON	52	68	13,2	82.68	19	5.33	.01	)	255.44		1.93
ASSISTANT SURGEON	1	1	1	34.77		4.77	.00		134.77		.02
ANESTHESIOLOGIST	12	81	2,0	31.54		5.08	.01	2	169.30		.30
DIALYSIS	0	0		.00		.00	.00	)	.00		.00
PATHOLOGY	96	162	5,0	64.21	3	1.26	.02		52.75		.74
RADIOLOGY	427	700	19,3	64.72	2	7.66	.10	2	45.35		2.81
PSYCHIATRY	0	0		.00		.00	.00	)	.00		.00
IMMUNIZATION AND INJECTION	15	93	g	39.93	1	0.11	.01	1	62.66		.14
OTHER SERVICES/ALL X-OVERS	478	1,527	25,5	45.60	1	6.73	.22	2	53.44		3.71
@PHARMACY	4,750	31,975 \$	1,948,3	74.93	\$ 6	0.93	4.64	1 \$	410.18	\$	282.99
PRESCRIPTION DRUGS	4,720	21,323	1,917,7		8	9.94	3.09		406.31		278.55
SNF/ICF	26	223	12,6	69.01	5	6.81	.03	2	487.27		1.84
OUTPATIENTS	4,698	21,100	1,905,1		9	0.29	3.06	5	405.52		276.71
MEDICAL SUPPLIES	259	10,652		78.95		2.87	1.54		118.07		4.44
@DENTIST	75	353 \$	14,8	89.84		2.18		\$	198.53	\$	2.16
VISITS - DIAGNOSTIC	50	188		99.34		7.02	.02		63.99		.46
ORAL SURGERY	13	53	2,6	79.00	5	0.55	.00	3	206.08		.39
DRUGS	0	0		.00		.00	.00	)	.00		.00
ANESTHESIA	6	6	6	00.00	10	0.00	.00	L	100.00		.09
PERIODONTICS	2	2	4	00.00	20	0.00	.00	)	200.00		.06
ENDODONTICS	7	7	1,6	06.00	22	9.43	.00	L	229.43		.23
RESTORATIVE DENTISTRY	18	56	4,6	85.00	8	3.66	.00	3	260.28		.68
PROSTHETICS	3	3		60.00		0.00	.00		20.00		.01
DENTURES, STAYPLATES	3	10	3	33.00		3.30	.00	L	111.00		.05
SPACE MAINTAINERS	0	0		.00		.00	.00	)	.00		.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.00		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.00	)	.00		.00
ORTHODONTIC SERVICES	11	25	1,3	27.50	5	3.10	.00	1	120.68		.19
ALL OTHER SERVICES	2	2		.00		.00	.00	)	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAY	MENT RE	EPORT FO	R JAN				PA	AGE 9,434
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN!	Γ - DISABLED		AI	D CODE	60				
								MONT	THLY AVERA	GE -	
6,885 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI	TURES	AVERAG	E COST	UNITS/D	AYS	COST PER	(	COST PER
		OR DAYS OF CARE			PER UN	IT/DAY	PER EL	[G	USER	E	ELIGIBLE
@OPTOMETRIST	315	879 \$	22,1	22.79	\$ 2	5.17	.12	3 \$	70.23	\$	3.21
DIAGNOSTIC AND ANC. PROCED	122	124	5,4	27.90	4	3.77	.01	3	44.49		.79
EYE APPLIANCES	233	658	15,1	27.62	2	2.99	.09	5	64.93		2.20
OTHER OPTOMETRIC SERVICES	70	97	1,5	67.27	1	6.16	.01	1	22.39		.23
@CHIROPRACTOR	7	8 \$	1	33.34	\$ 1	6.67	.00	\$	19.05	\$	.02
VISITS	6	6	1	00.32	1	6.72	.00	L	16.72		.01

@PODIATRIST       38       50       \$       1,524.28       \$       30.49       .007       \$       40.11       \$         MEDICINE/INJECTIONS       31       32       773.60       24.18       .005       24.95         SURGERY/ANES.       7       8       404.23       50.53       .001       57.75         RADIO./PATHOLOGY       0       0       .00       .00       .00       .00         OTHER       6       10       346.45       34.65       .001       57.74
SURGERY/ANES.       7       8       404.23       50.53       .001       57.75         RADIO./PATHOLOGY       0       0       .00       .00       .00       .00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00
OTHER 6 10 346.45 34.65 001 57.74
310.10 31.00 .001 37.71
@HOME HEALTH AGENCY 23 207 \$ 15,089.12 \$ 72.89 .030 \$ 656.05 \$
NURSE ANESTHESIST 1 21 \$ 51.58 \$ 2.46 .003 \$ 51.58 \$
NURSE MIDWIFE 0 0 \$ .00 \$ .00 \$ .00 \$
PEDIATRIC NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$
FAMILY NURSE PRACTITIONER 3 3 \$ 144.20 \$ 48.07 .000 \$ 48.07 \$
@TOTAL HOSPITAL 1,486 7,995 \$ 949,407.02 \$ 118.75 1.161 \$ 638.90 \$ 1
HOSP INPATIENT TOTAL 130 458 751,888.91 1641.68 .067 5783.76 1
HSC HOSPITALS 12 40 51,385.00 1284.63 .006 4282.08
NON-HSC HOSPITAL TOTAL 79 288 671,419.35 2331.32 .042 8498.98
ACCOMMODATIONS 79 288 238,156.75 826.93 .042 3014.64
ADMINISTRATIVE DAYS 1 2 500.58 250.29 .000 500.58
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00
ALL OTHER ACCOM 78 286 237,656.17 830.97 .042 3046.87
ANCILLARIES 79 0 433,262.60 .00 .000 5484.34
INPATIENT CROSSOVERS 40 130 29,084.56 223.73 .019 727.11
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00
HOSP OUTPATIENT TOTAL 1,416 7,537 197,518.11 26.21 1.095 139.49
MEDICAL 493 828 39,807.58 48.08 .120 80.75
SURGERY 87 112 12,112.95 108.15 .016 139.23
PATHOLOGY 475 2,062 23,625.49 11.46 .299 49.74
RADIOLOGY 293 455 35,425.86 77.86 .066 120.91
ROOM USE 566 848 39,011.58 46.00 .123 68.93
CROSSOVERS/ALL OTH OUTPTNT 814 3,232 47,534.65 14.71 .469 58.40
@COUNTY HOSPITAL TOTAL 4 8 \$ 367.43 \$ 45.93 .001 \$ 91.86 \$
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00
HSC HOSPITALS 0 0 .00 .00 .00 .00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	8		367.43	45.93	.001	91.86		.05
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	2	3		269.76	89.92	.000	134.88		.04
PATHOLOGY	1	3		32.05	10.68	.000	32.05		.00
RADIOLOGY	1	1		24.10	24.10	.000	24.10		.00
ROOM USE	1	1		33.32	33.32	.000	33.32		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		8.20	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	TIRES M	IONTH-OF-PAYMENT RI				P	AGE 9,435
MOP024	FEE-FOR-SERVICE		OINED I		DIONI ION OIN 2	LOUZ TIINO DE	C 2002		01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	,	GRANT	- DISABLED	AID CODE	60			01/1//03
THOMAS GOOWIT	DOIMMING OF BEIN	1020 1010 011011	Orumia	510115115	1110 0000	MON	THLY AVERA	GE	
6,885 ELIGIBLES	USERS	UNITS OF SERVI	CE.	EXPENDITURES	AVERAGE COST			-	COST PER
0,000 1110111110	ODLING	OR DAYS OF CA			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,484	7,987		949,039.59			639.51		-
COMM HOSP INPATIENT TOTAL	130	458	τ	751,888.91	1641 68	.067	5783.76	Τ	109.21
HSC HOSPITALS	12	40		51,385.00	1284 63	.006	4282.08		7.46
NON-HSC HOSPITALS TOTAL	70	288		671,419.35	1641.68 1284.63 2331.32 826.93	.042	8498.98		97.52
ACCOMMODATIONS	79 79	288		238,156.75	826 93	.042	3014.64		34.59
ADMINISTRATIVE DAYS	1	2		500.58	250.29	.000	500.58		.07
TRANSITIONAL IP CARE	1 0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	78	286		237,656.17	830.97	.042	3046.87		34.52
ANCILLARIES	79	0		433,262.60	.00	.000	5484.34		62.93
INPATIENT CROSSOVERS	40	130		29,084.56	223.73	.019	727.11		4.22
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,414	7,529		197,150.68					28.63
MEDICAL	493	828		39,807.58	26.19 48.08	.120	139.43 80.75		5.78
SURGERY	85	109		11,843.19	108.65	.016	139.33		1.72
PATHOLOGY	474	2,059		23,593.44	11.46	.299	49.78		3.43
RADIOLOGY	292	454		35,401.76	77.98	.066	121.24		5.14
ROOM USE	565	847		38,978.26	46.02	.123	68.99		5.66
CROSSOVERS/ALL OTH OUTPINT		3,232		47,526.45	14.70	.469	58.39		6.90
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$		Ś	.00
MENTALLY ILL	0	0	τ	.00	.00	.000	.00	Τ	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	17	429	\$	76,763.94	\$ 178.94		4515.53	Ś	11.15
LEV A-INTERMEDIATE	0	0	τ	.00	.00	.000	.00	Τ	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	ŭ	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
THE DESIGNATION IN COME	17	120		76 762 04	170.04		4515 50		11 15

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	2	2	\$	183.20	\$	91.60	.000	\$ 91.60	\$	.03
HOSPITAL BASED	2	2		183.20		91.60	.000	91.60		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
		609	Ś	9,039.69			.088		Ś	1.31
PATHOLOGY	213 209	605	т	8,848.02		14.62	.088	42.34	т	1.29
@LABORATORY FACILITY PATHOLOGY XO AND OTHERS		4		191.67		47.92	.001	47.92		.03
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0 554	4,813	Ś						<u> </u>	
			Ş	540,750.13			.699	•	Þ	78.54
CLINIC	19	35		3,461.92		98.91	.005	182.21		.50
SURGICENTER	4	8		515.24		64.41	.001	128.81		.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC		4,770		536,772.97		112.53	.693			77.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES I	MONTH-OF-PAYMENT I	REPOR'	r for jan 2	2002 THRU 1	DEC 2002	PF	AGE 9,436
	FEE-FOR-SERVICE	E/DENTAL								01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED		AID CODE	60			
								ONTHLY AVERA	GE -	
6,885 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	7\ \ 7.1	TDACE COST		S COST PER		COST PER
				EXFENDITORES		R UNIT/DAY				LIGIBLE
0.1.1. 0.00000 DD00000000000000000000000	700	OR DAYS OF CA	AKE ^	157,069.87	PEI	R UNIT/DAY				-
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	122		\$				6.537		\$	
DURABLE MED. EQUIP.	75	5,290		46,174.08			.768	615.65		6.71
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	10	16		2,813.04		175.82	.002	281.30		.41
MEDICAL TRANSPORTATION	128	19,712		64,208.10		3.26	2.863	281.30 501.63		9.33
AMBULANCES/AIR TRANS	98	1,100		23,458.70		21.33	.160	239.37		3.41
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	15	1,100 18,333		29,177.21		1.59	2.663	1945.15		4.24
OTHER SERVICES	20	270		11 572 10			.041	578.61		1.68
ACIIDIINCTIIRE	10	31 0 1 0 0 511 158		524.44		16.92	.005	52.44		.08
ADULT DAY HEALTH CARE CTR	0	21		.00		.00	.000			.00
CENERIC DICENCE RECRING	1	0		.00				.00 41.00		.01
GENETIC DISEASE TESTING	1	1		41.00		41.00	.000	41.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	217	511		6,152.43		12.04 15.68	.074	28.35		.89
PHYSICAL THERAPIST	28	158		2,478.08		15.68	.023	88.50		.36
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	8	158 0 21 21 0 5 9 0 0 866		.00 2,035.53 2,035.53		96.93	.003	254.44		.30
PROSTHETICS	8	21		2,035.53		96.93	.003	254.44		.30
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	1	5		313.42		62.68	.001	313.42		.05
SPEECH AND AUDIOLOGY	1	9		448.36		49.82	.001	112.09		.07
HOCDICE CEDVICEC	0	9		.00		.00	.000	.00		.00
HOSPICE SERVICES NONINST BIRTHING CENTERS	0	0		.00						.00
NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES	100	0		.00		.00	.000	.00		
LOCAL EDUCATION AGENCIES	109	866		12,309.72		14.21	.126	112.93		1.79
	0	0		.00		.00	.000	112.93 .00		.00
RESPIRATORY CARE PRACT.	· ·	0		• • • •		.00				.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000			.00
ALL OTHER PROVIDERS	184	18,386		19,571.67		1.06	2.670	106.37		2.84
@CALIF. CHILDREN SERVICES*	70	5,263	\$	69,908.66	\$	13.28	.764	\$ 998.70	\$	10.15
@XOVER EXCLUDING STATE HOSP**	836	5,450	\$	105,498.79			.792			15.32
@* TOTALS IN THESE LINES ARE				•	•				•	
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLIDED I										

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

5,801 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,437
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

@TOTAL, ALL PROVIDERS	2,932	11,303	\$	859 <b>,</b> 743.94			1.948		293.23		148.21
@PHYSICIANS SERVICES	406	789	\$	37,869.36			.136	\$	93.27	\$	6.53
OUTPATIENT VISITS	105	120		4,564.72		38.04	.021		43.47		.79
OFFICE VISITS	69	77		2,881.36	5	37.42	.013		41.76		.50
HOME VISITS	0	0		.00	)	.00	.000		.00		.00
EMERGENCY ROOM	19	21		848.81		40.42	.004		44.67		.15
PREVENTIVE CARE	1	1		62.23	3	62.23	.000		62.23		.01
OB VISITS/COMPRE PERI	2	4		262.39	9	65.60	.001		131.20		.05
OTHER OUTPATIENT	17	17		509.93	3	30.00	.003		30.00		.09
INPATIENT VISITS	21	76		6,654.95	5	87.57	.013		316.90		1.15
HOSPITAL VISITS	19	45		2,452.54	4	54.50	.008		129.08		.42
CRITICAL CARE	3	31		4,202.41	L	135.56	.005		1400.80		.72
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	20	73		9,305.79		127.48	.013		465.29		1.60
PRINCIPAL SURGEON	16	17		8,065.75		474.46	.003		504.11		1.39
ASSISTANT SURGEON	2	2		279.58		139.79	.000		139.79		.05
ANESTHESIOLOGIST	5	54		960.46		17.79	.009		192.09		.17
OUTPATIENT SURGERY	24	59		5,240.77		88.83	.010		218.37		.90
PRINCIPAL SURGEON	21	32		4,662.10		145.69	.006		222.00		.80
ASSISTANT SURGEON	1	1		107.22		107.22	.000		107.22		.02
ANESTHESIOLOGIST	3	26		471.45		18.13	.004		157.15		.02
DIALYSIS	0	0		4/1.4		.00	.004		.00		.00
	60	100									
PATHOLOGY	221			3,260.40		32.60	.017		54.34		.56
RADIOLOGY	221	313		6,576.59		21.01	.054		29.76		1.13
PSYCHIATRY	<u> </u>	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		12.61		12.61	.000		12.61		.00
OTHER SERVICES/ALL X-OVERS	33	47		2,253.53		47.95	.008		68.29		.39
@PHARMACY	1,357	3,190	\$	151,108.90			.550	Ş	111.36	Ş	26.05
PRESCRIPTION DRUGS	1,347	2,984		150,794.28		50.53	.514		111.95		25.99
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,347	2,984		150,794.28		50.53	.514		111.95		25.99
MEDICAL SUPPLIES	16	206		314.62		1.53	.036		19.66		.05
@DENTIST	61	256	\$	12,970.00			.044	\$	212.62	Ş	2.24
VISITS - DIAGNOSTIC	44	132		2,485.00		18.83	.023		56.48		.43
ORAL SURGERY	17	49		5,089.00		103.86	.008		299.35		.88
DRUGS	4	8		130.00		16.25	.001		32.50		.02
ANESTHESIA	9	9		900.00		100.00	.002		100.00		.16
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	3		472.00	)	157.33	.001		236.00		.08
RESTORATIVE DENTISTRY	13	43		2,521.00	)	58.63	.007		193.92		.43
PROSTHETICS	0	0		.00	)	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	)	.00	.000		.00		.00
SPACE MAINTAINERS	1	1		120.00	)	120.00	.000		120.00		.02
MAXILLOFACIAL SERVICES	1	1		48.00	)	48.00	.000		48.00		.01
FRACTURES, DISLOCATIONS	0	0		.00	)	.00	.000		.00		.00
ORTHODONTIC SERVICES	8	9		1,205.00	)	133.89	.002		150.63		.21
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES I	MONTH-OF-PAYMENT	REPO	RT FOR JAN	2002 THRU	DEC		PA	AGE 9,438
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR CGF 30-	-33	35 38 40 42 3A-3N	4 3P	3R 3U 3W 40	C-4G				
	- 7							.ronπ	א משעא א זוו	C F	

5,801 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	132	370	\$	8,678.70	\$	23.46	.064	\$	65.75	\$	1.50
DIAGNOSTIC AND ANC. PROCED	90	91		4,088.57		44.93	.016		45.43		.70
EYE APPLIANCES	102	272		4,459.31		16.39	.047		43.72		.77
OTHER OPTOMETRIC SERVICES	7	7		130.82		18.69	.001		18.69		.02
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	ċ	.00	\$	.00
• • • • • • • • • • • • • • • • • • • •	0	0	ې		Ş			ې		Ą	.00
VISITS	0			.00		.00	.000		.00		
OTHER SERVICES	U	0		.00		.00	.000		.00		.00
@PODIATRIST	8	11	\$	509.01	\$	46.27	.002	Ş	63.63	Ş	.09
MEDICINE/INJECTIONS	6	7		219.49		31.36	.001		36.58		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	4		289.52		72.38	.001		144.76		.05
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	Ś	.00	\$	.00	.000		.00	\$	.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Ś	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ċ	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	665	2,645	ب خ	251,506.88	\$	95.09	.456		378.21	\$	43.36
	24		ې	•	Ş			ې		Ą	27.38
HOSP INPATIENT TOTAL		122		158,832.26		1301.90	.021		6618.01		
HSC HOSPITALS	2	22		27,567.00		1253.05	.004		13783.50		4.75
NON-HSC HOSPITAL TOTAL	22	100		131,265.26		1312.65	.017		5966.60		22.63
ACCOMMODATIONS	22	100		51,321.64		513.22	.017		2332.80		8.85
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	22	100		51,321.64		513.22	.017		2332.80		8.85
ANCILLARIES	22	0		79,943.62		.00	.000		3633.80		13.78
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	654	2,523		92,674.62		36.73	.435		141.70		15.98
MEDICAL	443	579		24,643.96		42.56	.100		55.63		4.25
SURGERY	76	103		8,675.38		84.23	.018		114.15		1.50
PATHOLOGY	160	497		5,706.06		11.48	.086		35.66		.98
RADIOLOGY	179	267		16,981.07		63.60	.046		94.87		2.93
ROOM USE	480	623		26,798.79		43.02	.107		55.83		4.62
CROSSOVERS/ALL OTH OUTPTNT	247	454		9,869.36		21.74	.078		39.96		1.70
@COUNTY HOSPITAL TOTAL	247	0	\$	38.42	\$	.00	.000	ċ	.00	\$	.01
	0	0	۲	.00	۲	.00	.000	ې	.00	۲	.00
CO HOSPITAL INPATIENT TOTAL	0	0									
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	-	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		38.42		.00	.000		.00		.01
MEDICAL	0	0		28.78		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		1.68		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		7.96		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES A	Ŭ	IRES I		EPOR			DEC		ΡZ	AGE 9,439
MOP024	FEE-FOR-SERVICE/DEN'					1 1011 01111 20	02 1111(0	200	2002		01/17/03
DI IIMA C COIINTY	CIIMMADY OF CEDVICES		1-33	35 38 40 42 3 <b>7</b> -3M	3 0 3	D 311 3M 1C-1	C				31,11,00

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PLUMAS COUNTY

5,801 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	 COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	665	2,645	\$	251,468.46	\$ 95.07	.456	\$ 378.15	\$ 43.35
COMM HOSP INPATIENT TOTAL	24	122		158,832.26	1301.90	.021	6618.01	27.38
HSC HOSPITALS	2	22		27 <b>,</b> 567.00	1253.05	.004	13783.50	4.75
NON-HSC HOSPITALS TOTAL	22	100		131,265.26	1312.65	.017	5966.60	22.63
ACCOMMODATIONS	22	100		51,321.64	513.22	.017	2332.80	8.85
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	100		51,321.64	513.22	.017	2332.80	8.85
ANCILLARIES	22	0		79 <b>,</b> 943.62	.00	.000	3633.80	13.78
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	654	2,523		92,636.20	36.72	.435	141.65	15.97
MEDICAL	443	579		24,615.18	42.51	.100	55.56	4.24
SURGERY	76	103		8,675.38	84.23	.018	114.15	1.50
PATHOLOGY	160	497		5,704.38	11.48	.086	35.65	.98
RADIOLOGY	179	267		16,981.07	63.60	.046	94.87	2.93
ROOM USE	480	623		26,790.83	43.00	.107	55.81	4.62
CROSSOVERS/ALL OTH OUTPTNT	247	454		9,869.36	21.74	.078	39.96	1.70
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

----- MONTHLY AVERAGE -----

ICF DDH	U	U		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	3	\$	49.24	\$	16.41	.001	\$	49.24	\$	.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	3		49.24		16.41	.001		49.24		.01
@LABORATORY FACILITY	137	306	\$	5,449.85	\$	17.81	.053	\$	39.78	\$	.94
PATHOLOGY	137	306		5,449.85		17.81	.053		39.78		.94
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,537	2,371	\$	369,337.24	\$	155.77	.409	\$	240.30	\$	63.67
CLINIC	14	37		1,445.58		39.07	.006		103.26		.25
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,526	2,334		367,891.66		157.62	.402		241.08		63.42
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT REI	PORT	FOR JAN 2	2002 THRU 1	DEC	2002	PΙ	AGE 9,440
MOP024	FEE-FOR-SERVICE/DE										01/17/03
HEMODIALYSIS CENTER  @REHABILITATION FACILITY  HOSPITAL BASED  INDEPENDENT FACILITY  @LABORATORY FACILITY  PATHOLOGY  XO AND OTHERS  @ORGANIZED OUTPATIENT CLINIC  CLINIC  SURGICENTER  HEROIN DETOX CLINIC  RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV	137 0 1,537 14 0 0 1,526 MEDI-CAL SERVICES	306 0 2,371 37 0 0 2,334 AND EXPENDITU		.00 49.24 .00 49.24 5,449.85 5,449.85 .00 369,337.24 1,445.58 .00 .00 .00 367,891.66	\$ \$ PORT	.00 16.41 .00 16.41 17.81 17.81 .00 155.77 39.07 .00 .00 157.62 FOR JAN 2	.000 .001 .000 .001 .053 .053 .000 .409 .006 .000 .000 .402	\$	.00 49.24 .00 49.24 39.78 39.78 .00 240.30 103.26 .00 .00 241.08	\$	.00 .00 .00 .99 .00 63.6 .22 .00 .00 63.4 AGE 9,

PLUMAS COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

I HOIRIO COONII	COLUMN CL CEL			00 00 1	0 12 311 311	01 01	. 30 311 10	M(	NTHLY AVER	A C E	
5,801 ELIGIBLES	USERS	UNITS OF SERVI	~E	EX	PENDITURES	∆177	ERAGE COST	UNITS/DAYS		-	COST PER
3,001 EDIGIDLES	ODERO	OR DAYS OF CAL		ĽA	LENDITORES		R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	354	1,362	\$		22,264.76	\$		.235			3.84
DURABLE MED. EQUIP.	5	14	Ψ		422.55	Ψ	30.18	.002	84.51		.07
BLOOD BANK	0	0			.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	14	100			6,304.61		63.05	.017	450.33		1.09
AMBULANCES/AIR TRANS	13	98			2,704.61		27.60	.017	208.05		.47
OTHER TRANS	0	0			.00		.00	.000	.00		.00
OTHER SERVICES	2	2			3,600.00		1800.00	.000	1800.00		.62
ACUPUNCTURE	2	5			108.13		18.02	.001	54.07		.02
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	12	12			982.00		81.83	.002	81.83		.17
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000	.00		.00
OPTICIAN	88	185			1,896.86		10.25	.032	21.56		.33
PHYSICAL THERAPIST	10	76			1,161.22		15.28	.013	116.12		.20
PORTABLE X-RAY	0	0			.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	1			332.00		332.00	.000	332.00		.06
PROSTHETICS	1	1			332.00		332.00	.000	332.00		.06
ORTHOTICS	0	0			.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	223	958			10,970.02		11.45	.165	49.19		1.89
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	3	10			87.37		8.74	.002	29.12		.02
@CALIF. CHILDREN SERVICES*	11	83	\$		31,220.35	\$	376.15	.014	\$ 2838.21	\$	5.38
@XOVER EXCLUDING STATE HOSP**	2	3	\$		10.04	\$	3.35	.001	\$ 5.02	\$	.00
O+ MOMATO THE MUDOR TINDO ARE	CT17EN A C A CEEA	DAME THEODIAMETON	TODA	ONTT 37							

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,441 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT

							M	ONT	HLY AVERA	GE	
14,049 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9,607 1,711	135,986	\$	5,185,602.61	\$	38.13	9.679	\$	539.77	\$	369.11
@PHYSICIANS SERVICES	1,711	4,693	\$	166,424.74	\$	35.46	.334	\$	97.27	\$	11.85
OUTPATIENT VISITS	388	471		18,461.43		39.20	.034		47.58		1.31
OFFICE VISITS	275	320		12,035.65		37.61	.023		43.77		.86
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	70	81		4,067.69		50.22	.006		58.11		.29
PREVENTIVE CARE	1	1		62.23		62.23	.000		62.23		.00
OB VISITS/COMPRE PERI	5	8		505.83		63.23	.001		101.17		.04
OTHER OUTPATIENT	60	61		1,790.03		29.34	.004		29.83		.13
INPATIENT VISITS	113	430		26,203.65		60.94	.031		231.89		1.87
HOSPITAL VISITS	108	361		17,435.85		48.30	.026		161.44		1.24
CRITICAL CARE	12	67		8,702.50		129.89	.005		725.21		.62
SNF/ICF/TRANS IP CARE	2	2		65.30		32.65	.000		32.65		.00
OPHTHALMOLOGICAL SERVICES	9	9		406.15		45.13	.001		45.13		.03
EXAMINATIONS	9	9		406.15		45.13	.001		45.13		.03
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	51	236		29,562.81		125.27	.017		579.66		2.10
PRINCIPAL SURGEON	38	57		24,629.14		432.09	.004		648.14		1.75
ASSISTANT SURGEON	6	6		1,327.59		221.27	.000		221.27		.09
ANESTHESIOLOGIST	14	173		3,606.08		20.84	.012		257.58		.26
OUTPATIENT SURGERY	87	218		21,510.88		98.67	.016		247.25		1.53
PRINCIPAL SURGEON	76	104		18,604.50		178.89	.007		244.80		1.32
ASSISTANT SURGEON	2	2		241.99		121.00	.000		121.00		.02
ANESTHESIOLOGIST	16	112		2,664.39		23.79	.008		166.52		.19
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	160	267		8,435.87		31.60	.019		52.72		.60
RADIOLOGY	658	1,024		26,475.83		25.86	.073		40.24		1.88
PSYCHIATRY	0	_,		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	16	94		952.54		10.13	.007		59.53		.07
OTHER SERVICES/ALL X-OVERS	649	1,944		34,415.58		17.70	.138		53.03		2.45
@PHARMACY	7,018	42,492	\$	2,337,018.20	\$	55.00	3.025	Ś	333.00	Ś	166.35
PRESCRIPTION DRUGS	6 <b>,</b> 975	27,463	т	2,300,196.60	-	83.76	1.955	т.	329.78	т.	163.73
SNF/ICF	48	322		16,693.60		51.84	.023		347.78		1.19
OUTPATIENTS	6,935	27,141		2,283,503.00		84.13	1.932		329.27		162.54
MEDICAL SUPPLIES	319	15,029		36,821.60		2.45	1.070		115.43		2.62
@DENTIST	140	626	\$	28,611.84	\$	45.71	.045	Ś		Ś	2.04
VISITS - DIAGNOSTIC	97	325	'	5,849.34		18.00	.023		60.30		.42
ORAL SURGERY	31	107		7,965.00		74.44	.008		256.94		.57
DRUGS	4	8		130.00		16.25	.001		32.50		.01
ANESTHESIA	15	15		1,500.00		100.00	.001		100.00		.11
PERIODONTICS	2	2		400.00		200.00	.000		200.00		.03
ENDODONTICS	9	10		2,078.00		207.80	.001		230.89		.15
RESTORATIVE DENTISTRY	34	106		7,596.00		71.66	.008		223.41		.54
PROSTHETICS	3	3		60.00		20.00	.000		20.00		.00
DENTURES, STAYPLATES	3	10		333.00		33.30	.001		111.00		.02
SPACE MAINTAINERS	1	1		120.00		120.00	.000		120.00		.01
MAXILLOFACIAL SERVICES	2	2		48.00		24.00	.000		24.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	19	34		2,532.50		74.49	.002		133.29		.18
ALL OTHER SERVICES	3	3		.00		.00	.000		.00		.00
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,442

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR CASH GRANT

							M	ONT	HLY AVERA	GE.	
14,049 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Ε		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	510 228	1,389	\$	38,022.56	\$		.099	\$	74.55	\$	2.71
DIAGNOSTIC AND ANC. PROCED		231		10,186.09		44.10	.016		44.68		.73
EYE APPLIANCES	373	1,018		25,503.10		25.05	.072		68.37		1.82
OTHER OPTOMETRIC SERVICES	100	140		2,333.37		16.67	.010		23.33		.17
@CHIROPRACTOR	7	8	\$		\$		.001	\$	19.05	\$	.01
VISITS	6	6		100.32		16.72	.000		16.72		.01
OTHER SERVICES	1	2		33.02		16.51	.000		33.02		.00
@PODIATRIST	50	66	\$	2,234.49	\$		.005	\$	44.69	\$	.16
MEDICINE/INJECTIONS	37	39		993.09		25.46	.003		26.84		.07
SURGERY/ANES.	7	8		404.23		50.53	.001		57.75		.03
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	12	19		837.17		44.06	.001		69.76		.06
@HOME HEALTH AGENCY	24	216	\$	•	\$	72.98	.015		656.79		1.12
NURSE ANESTHESIST	۷	47	\$		\$	2.36	.003	\$		\$	.01
NURSE MIDWIFE	0	0	\$		\$	.00	.000	\$	.00		.00
PEDIATRIC NURSE PRACTITIONER		0	\$		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	3	3	\$		\$	48.07	.000		48.07		.01
@TOTAL HOSPITAL	2,377	12,140	\$		\$	104.13		\$	531.83	\$	89.98
HOSP INPATIENT TOTAL	184	704		954,535.56		1355.87	.050		5187.69		67.94
HSC HOSPITALS	16	66		85 <b>,</b> 766.88		1299.50	.005		5360.43		6.10
NON-HSC HOSPITAL TOTAL	105	397		821,894.07		2070.26	.028		7827.56		58.50
ACCOMMODATIONS	105	397		293,498.56		739.29	.028		2795.22		20.89
ADMINISTRATIVE DAYS	1	2		500.58		250.29	.000		500.58		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	104	395		292 <b>,</b> 997.98		741.77	.028		2817.29		20.86
ANCILLARIES	105	0		528,395.51		.00	.000		5032.34		37.61
INPATIENT CROSSOVERS	64	241		46,874.61		194.50	.017		732.42		3.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,280	11,436		309,623.43		27.07	.814		135.80		22.04
MEDICAL	946	1,429		65,487.10		45.83	.102		69.23		4.66
SURGERY	167	219		21,024.15		96.00	.016		125.89		1.50
PATHOLOGY	647	2,615		30,179.40		11.54	.186		46.65		2.15
RADIOLOGY	484	742		55,272.23		74.49	.053		114.20		3.93
ROOM USE	1,067	1,501		67 <b>,</b> 155.36		44.74	.107		62.94		4.78
CROSSOVERS/ALL OTH OUTPINT		4,930		70,505.19		14.30	.351		56.40		5.02
@COUNTY HOSPITAL TOTAL	4	8	\$		\$		.001	\$	101.46	\$	.03
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	8		405.85		50.73	.001		101.46		.03
MEDICAL	0	0		28.78		.00	.000		.00		.00
SURGERY	2	3		269.76		89.92	.000		134.88		.02
PATHOLOGY	1	3		33.73		11.24	.000		33.73		.00

RADIOLOGY		1	1	24.10	24.10	.000	24.10		.00
ROOM USE		1	1	41.28	41.28	.000	41.28		.00
CROSSOVERS/ALL OTH OUT	TPTNT	0	0	8.20	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SER	RV MEDI-CAL	SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2002 THRU D	EC 2002	PAGE	9,443
MOP024	FEE-FOR-S	SERVICE/DE	NTAL					01,	/17/03

14.049   SLIGIBLES   USES   USES   USES   OR DAYS OF CARE   PERDITURES   PER INITIOANS   COST PER   COST UNITIOANS   COST PER   COST PER   COST UNITIOANS   COST PER   COST UNITIOANS   COST PER   COST UNITIOANS   COST PER   COS	PLUMAS COUNTY	SIIMMARY OF SERV	VICES FOR CASH GRANT					01/.	17703
14,049 ELICHIELES						MONT	HIY AVERAC	F	
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 0 00 000 000 000 000 100 100	14.049 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTS/DAYS			
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 0 00 000 000 000 000 100 100	11,019 111012110	ODLING	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG			
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	@COMMINITY HOSPITAL TOTAL	2.375	12.132 \$	1.263.753 14	\$ 104 17	864 S			
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	COMM HOSP INPATTENT TOTAL	184	704	954 535 56	1355 87	050			
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	HSC HOSPITALS	16	66	85 766 88	1299 50	005			
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	NON-HSC HOSPITALS TOTAL	105	397	821 894 07	2070 26	028	7827 56	5.8	
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 0 00 000 000 000 000 100 100	ACCOMMODATIONS	105	397	293 498 56	739 29	028	2795 22	20	
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	ACCOMMODATIONS  ADMINITETRATURE DAVE	1	2	500.50	250 20	000			
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	TRANSTITATIVE DATA	0	0	500.50	230.29	000	00.50		
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 0 00 000 000 000 000 100 100	ALL OTHER ACCOM	104	305	202 007 00	7/1 77	000	2017 20	20	
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	ALL OIDER ACCOM	104	393	528 305 51	741.77	000	5037.29	20.	
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 0 00 000 000 000 000 100 100	TNDATTENT CDOCCOVEDC	103	241	16 974 61	104 50	017	722 42	2	2.4
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 0 00 000 000 000 000 100 100	ALL OURED INDAUTEND	04	241	40,074.01	194.50	.017	732.42	٥.	00
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 0 00 000 000 000 000 100 100	ALL OIDER INPALLENT	2 270	11 420	200 217 50	27.06	.000	125 74	22	.00
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	MEDICAI	2,210 016	1 420	509 <b>,</b> 217.30	27.00 45.01	102	60 10	ΔΔ.	.01
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 0 00 000 000 000 000 100 100	MEDICAL	1.05	1,429	00,430.32	45.01	.102	105.19	4.	.00
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	DARIOLOGY	105	2.612	20,754.39	96.09	.015	123.78	1	.48
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	PATHOLOGY	040	Z, 01Z	30,143.67	11.54	.180	40.07	۷.	.13
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	RADIOLOGY	483	1 500	55,248.13	/4.56	.053	114.39	3.	.93
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	ROUM USE	1,066	1,500	6/,114.08	44.74	.10/	62.96	4.	. /8
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	CROSSOVERS/ALL OTH OUTPINT	1,250	4,930	70,496.99	14.30	.351	56.40	5.	.02
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	@STATE HOSPITAL	0	U Ş	.00	\$ .00	.000 \$	.00	ې .	.00
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 0 00 000 000 000 000 100 100	MENTALLY ILL	U	0	.00	.00	.000			
LEV A-INTERMEDIATE 0 0 0 0 0 00 000 000 000 000 100 LEV B-REHAB MD 0 0 0 0 0 000 000 000 000 000 100 100	DEVELOP. DISABLED	0	700 \$	.00	.00	.000			
ICF DD	UNURSING FACILITY	43	/29 \$	100,070.21	7 200.00	.002 +		•	
ICF DD	LEV A-INTERMEDIATE	0	U	(1()	.00				
ICF DD	LEV B-REHAB MD	0	0	.00		.000	.00		
ICF DD	LEV B-SUBACUTE FREESTANDING	0	0	.00		.000	.00		
ICF DD	LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000	.00		
ICF DD	LEV B-TRANSITIONAL IP CARE	0	0	.00					
ICF DD	LEV B-REGULAR	43	729	150,075.21					
ICF DD	@INTERMEDIATE CARE FACILDD	0	0 \$	.00					
TOF DDN/DDCN 0 0 0 .00 .000 .000 .00 .00 .00 .00 .0	ICF DDH	0	0	.00					
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	ICF DD	0	0						
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	ICF DDN/DDCN	0	0	.00	.00				
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	@HEMODIALYSIS TOTAL	16	26 \$	18,054.99	\$ 694.42				
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	HOSPITAL BASED	0	0		. ()()	.000	.00		
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	HEMODIALYSIS CENTER	16	26	18,054.99	694.42				
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	@REHABILITATION FACILITY	5	10 \$	468.59					
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	HOSPITAL BASED	4	7	419.35					
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	INDEPENDENT FACILITY	1	3	49.24	16.41				
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	@LABORATORY FACILITY	352	923 \$	14,596.55	\$ 15.81				
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	PATHOLOGY	348	919	14,404.88	15.67	.065	41.39		
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	XO AND OTHERS	4	4	191.67					
SURGICENTER       5       9       536.90       59.66       .001       107.38       .04         HEROIN DETOX CLINIC       0       0       .00	@ORGANIZED OUTPATIENT CLINIC	4,442	7 <b>,</b> 765 \$	947,696.85	\$ 122.05				
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 4,416 7,682 942,038.44 122.63 .547 213.32 67.05	CLINIC	34	74	5 <b>,</b> 121.51	69.21				
HEROIN DETOX CLINIC       0       0       .00	SURGICENTER	5	9	336.90	59.66	.001	107.38		
RURAL HEALTH CLINIC 4,416 7,682 942,038.44 122.63 .547 213.32 67.05 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,444	HEROIN DETOX CLINIC	0		.00	.00	.000	.00		
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,444	RURAL HEALTH CLINIC	4,416	7,682	942,038.44		.547	213.32		
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M	IONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 9	9,444

FLOMAS COUNTI	SOMMANI OF SEN	VICES FOR CASH GRANT					
					MON	THLY AVERA	GE
14,049 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,221	64,853 \$	202,088.29	\$ 3.12	4.616 \$	165.51	\$ 14.38
DURABLE MED. EQUIP.	85	5 <b>,</b> 318	55 <b>,</b> 060.98	10.35	.379	647.78	3.92
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	16	2,813.04	175.82	.001	281.30	.20
MEDICAL TRANSPORTATION	152	20,079	71,939.49	3.58	1.429	473.29	5.12
AMBULANCES/AIR TRANS	113	1,307	26,908.49	20.59	.093	238.13	1.92
OTHER TRANS	18	18,429	29,367.00	1.59	1.312	1631.50	2.09
OTHER SERVICES	28	343	15,664.00	45.67	.024	559.43	1.11
ACUPUNCTURE	15	43	729.89	16.97	.003	48.66	.05
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,023.00	78.69	.001	78.69	.07
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	333	761	8,864.00	11.65	.054	26.62	.63
PHYSICAL THERAPIST	38	234	3,639.30	15.55	.017	95.77	.26
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	10	24	2,867.53	119.48	.002	286.75	.20
PROSTHETICS	10	24	2,867.53	119.48	.002	286.75	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5	313.42	62.68	.000	313.42	.02
SPEECH AND AUDIOLOGY	4	9	448.36	49.82	.001	112.09	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	352	2,091	26,851.95	12.84	.149	76.28	1.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	278	36,260	27,537.33	.76	2.581	99.06	1.96
@CALIF. CHILDREN SERVICES*	97	5,431	\$ 128,563.46	\$ 23.67	.387	\$ 1325.40	\$ 9.15
@XOVER EXCLUDING STATE HOSP**	1,209	7,423	\$ 171,663.17	\$ 23.13	.528	\$ 141.99	\$ 12.22

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,445 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC								01/1//	03
PLUMAS COUNTY	SUMMARY OF SER	VICES FOR	185% PR	OGRAM -	- INFANTS	AID CODES 47				
							MO	NTHLY AVERA	GE	-
239 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	₹.
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	S
@TOTAL, ALL PROVIDERS	119		306	\$	26,076.45	\$ 85.22	1.280	\$ 219.13	\$ 109.11	
@PHYSICIANS SERVICES	8		22	\$	1,255.36	\$ 57.06	.092	\$ 156.92		5
OUTPATIENT VISITS	2		3	•	62.41	20.80	.013	31.21	.26	
OFFICE VISITS	2		3		62.41	20.80	.013	31.21	.26	
HOME VISITS	0		0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00	
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00	
	0		0		.00			.00		
OTHER OUTPATIENT	0		4			.00	.000		.00	
INPATIENT VISITS	∠		-		594.14	148.54	.017	297.07	2.49	
HOSPITAL VISITS	1		1		79.86	79.86	.004	79.86	.33	
CRITICAL CARE	1		3		514.28	171.43	.013	514.28	2.15	
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00	
EXAMINATIONS	0		0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00	)
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00	)
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00	)
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00	)
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00	)
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00	)
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00	)
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00	)
DIALYSIS	0		0		.00	.00	.000	.00	.00	)
PATHOLOGY	0		0		.00	.00	.000	.00	.00	)
RADIOLOGY	4		6		66.32	11.05	.025	16.58	.28	3
PSYCHIATRY	0		0		.00	.00	.000	.00	.00	)
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00	)
OTHER SERVICES/ALL X-OVERS	4		9		532.49	59.17	.038	133.12	2.23	
@PHARMACY	47		80	\$	1,249.56	\$ 15.62	.335			
PRESCRIPTION DRUGS	47		80	7	1,249.56	15.62	.335	26.59	5.23	
SNF/ICF	0		0		.00	.00	.000	.00	.00	
OUTPATIENTS	47		80		1,249.56	15.62	.335	26.59	5.23	
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00	
@DENTIST	1		2	\$	32.00	\$ 16.00	.008			
VISITS - DIAGNOSTIC	1		2	۲	32.00	16.00	.008	32.00	.13	
	0		0							
ORAL SURGERY	0		0		.00	.00	.000	.00	.00	
DRUGS	•		-		.00	.00	.000	.00	.00	
ANESTHESIA	0		0		.00	.00	.000	.00	.00	
PERIODONTICS	0		0		.00	.00	.000	.00	.00	
ENDODONTICS	0		0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00	
PROSTHETICS	0		0		.00	.00	.000	.00	.00	J

DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 9,446
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SER	VICES FOR 185% PF	ROGRA	M - INFANTS	AID	CODES 47	69				
							M	ONT	HLY AVERA	GE	
239 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES		RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	35	119	\$	10,981.12	\$	92.28	.498	\$	313.75	\$	45.95
HOSP INPATIENT TOTAL	2	6		7,156.00		1192.67	.025		3578.00		29.94
HSC HOSPITALS	2	6		7,156.00		1192.67	.025		3578.00		29.94
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	35	113		3,825.12		33.85	.473		109.29		16.00
MEDICAL	30	38		1,633.85		43.00	.159		54.46		6.84
SURGERY	0	0		21.12		.00	.000		.00		.09
PATHOLOGY	5	12		161.88		13.49	.050		32.38		.68
RADIOLOGY	5	6		134.20		22.37	.025		26.84		.56
ROOM USE	32	44		1,643.08		37.34	.184		51.35		6.87
CROSSOVERS/ALL OTH OUTPTNT		13		230.99		17.77	.054		23.10		.97
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	•	.00	.000	•	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ö		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	9	Ŭ		. 9 0		• 0 0	• 0 0 0		• • • •		• • • •

INPATIENT CROSSOVERS	0		0		.00		.00	.000		00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		00		.00
MEDICAL	0		0		.00		.00	.000		00		.00
SURGERY	0		0		.00		.00	.000		00		.00
PATHOLOGY	0		0		.00		.00	.000		00		.00
RADIOLOGY	0		0		.00		.00	.000		00		.00
ROOM USE	0		0		.00		.00	.000		00		.00
	0		0		.00		.00			00		
CROSSOVERS/ALL OTH OUTPINT	•	10 AND DVI		DEG MONE				.000		00	D.7	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		SENDITO.	RES MONT	H-OF-PAIMENT K	EPORT	FOR JAN 2	ZUUZ THRU I	JEC 2002		PA	GE 9,447
MOP024	FEE-FOR-SERVICE,		1050 D	0000011	T11771770	3.75	00000 47	60				01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	185% P	ROGRAM -	- INFANTS	AID	CODES 47		NIMIT 17 7 7 1		~=	
220 81 1618186	HOEDO	IINITEG OF	CEDITE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	7. CE COCE	M(				
239 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS				OST PER
_		OR DAYS						PER ELIG	USEF			LIGIBLE
@COMMUNITY HOSPITAL TOTAL	35		119	\$	10,981.12	\$	92.28	.498			Ş	45.95
COMM HOSP INPATIENT TOTAL	2		6		7,156.00		1192.67	.025	3578.			29.94
HSC HOSPITALS	2		6		7,156.00		1192.67	.025	3578.	00		29.94
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	_	00		.00
ANCILLARIES	0		0		.00		.00	.000		00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		00		.00
COMM HOSP OUTPATIENT TOTAL	35		113		3,825.12		33.85	.473	109.			16.00
	30		38									6.84
MEDICAL	0				1,633.85		43.00	.159	54.			
SURGERY	•		0		21.12		.00	.000		00		.09
PATHOLOGY	5		12		161.88		13.49	.050	32.			.68
RADIOLOGY	5		6		134.20		22.37	.025	26.			.56
ROOM USE	32		44		1,643.08		37.34	.184	51.			6.87
CROSSOVERS/ALL OTH OUTPTNT			13		230.99		17.77	.054	23.	10		.97
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$.	00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$.	00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	_	00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		00		.00
LEV B-REGULAR	0		0		.00		.00	.000		00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000		00	Ś	.00
•	0		0	Ÿ	.00	۲	.00	.000	•	00	۲	.00
ICF DDH	•											
ICF DD	0		0		.00		.00	.000		00		.00
ICF DDN/DDCN	0		0	_	.00	_	.00	.000		00	_	.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000		00	Ş	.00
HOSPITAL BASED	0		0		.00		.00	.000		00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$.	00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00		\$.	00	\$	.00
PATHOLOGY	0		Ō		.00		.00	.000		00		.00
XO AND OTHERS	0		0		.00		.00	.000		00		.00
	•		Ü		• • •			• • • •	•			

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV		83 \$ 0 0 0 0 83 ES AND EXPENDITURES MON	12,558.41 .00 .00 .00 .00 12,558.41 TH-OF-PAYMENT RE	\$ 151.31 .00 .00 .00 .151.31 EPORT FOR JAN 2	.347 \$ .000 .000 .000 .347	187.44 .00 .00 .00 .00 187.44 C 2002	.00 .00 .00 52.55 PAGE 9,448
MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE,	DENTAL ICES FOR 185% PROGRAM	_ TNEANTS	AID CODES 47	60		01/17/03
FLOMAS COUNTY	SOMMANT OF SERV.	ICES FOR 105% FROGRAM	INFANIS	AID CODES 47	MON'	THILY AVERA	GE
239 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
200 111011110	00210	OR DAYS OF CARE	EMI EMPITORED	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	3 \$	4,836.55	\$ 1612.18	.013 \$	4836.55	\$ 20.24
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPARA	ATE INFORMATION ITEM ON	LY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL LINES .	ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT!	E DETAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 9,449
MOP024	FEE-FOR-SERVICE,	/DENTAL					01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- PREGNANT AI	ID CODES 44 48	49		
					MON'	THLY AVERA	GE
359 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	232	1,241 \$	149,742.13	\$ 120.66	3.457 \$		
@PHYSICIANS SERVICES	81	213 \$	14,520.00	\$ 68.17	.593 \$		
OUTPATIENT VISITS	11	12	814.30	67.86	.033	74.03	2.27
OFFICE VISITS	5	6	188.10	31.35	.017	37.62	.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00		.00	.000		00	.00
OB VISITS/COMPRE PERI	6	6	626.20	10	04.37	.017	104.	37	1.74
OTHER OUTPATIENT	0	0	.00		.00	.000		00	.00
INPATIENT VISITS	14	27	1,303.99	4	18.30	.075	93.	14	3.63
HOSPITAL VISITS	14	27	1,303.99	4	18.30	.075	93.	14	3.63
CRITICAL CARE	0	0	.00		.00	.000		00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		00	.00
EXAMINATIONS	0	0	.00		.00	.000		00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		00	.00
INPATIENT HOSPITAL SURGERY	19	73	8,999.59	12	23.28	.203	473.	66	25.07
PRINCIPAL SURGEON	16	19	7,779.04	4(	9.42	.053	486.	19	21.67
ASSISTANT SURGEON	3	3	395.18	13	31.73	.008	131.	73	1.10
ANESTHESIOLOGIST	4	51	825.37	-	16.18	.142	206.	34	2.30
OUTPATIENT SURGERY	2	12	233.32	-	L9.44	.033	116.	66	.65
PRINCIPAL SURGEON	1	1	57.26		57.26	.003	57.	26	.16
ASSISTANT SURGEON	0	0	.00		.00	.000		00	.00
ANESTHESIOLOGIST	1	11	176.06	1	L6.01	.031	176.	06	.49
DIALYSIS	0	0	.00		.00	.000		00	.00
PATHOLOGY	13	33	1,119.86	3	33.94	.092	86.	14	3.12
RADIOLOGY	39	46	1,493.30	3	32.46	.128	38.	29	4.16
PSYCHIATRY	0	0	.00		.00	.000		00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		00	.00
OTHER SERVICES/ALL X-OVERS	9	10	555.64	Į.	55.56	.028	61.	74	1.55
@PHARMACY	47	83	\$ 2,608.15	\$ 3	31.42	.231	\$ 55.	49	\$ 7.27
PRESCRIPTION DRUGS	47	83	2,608.15	3	31.42	.231	55.	49	7.27
SNF/ICF	0	0	.00		.00	.000		00	.00
OUTPATIENTS	47	83	2,608.15	3	31.42	.231	55.	49	7.27
MEDICAL SUPPLIES	0	0	.00		.00	.000		00	.00
@DENTIST	0	0	\$ .00	\$	.00	.000	\$.	00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		00	.00
ORAL SURGERY	0	0	.00		.00	.000		00	.00

DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
	0	0	.00					.00		
PERIODONTICS	0	•			.00	.000				.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPOR	RT FOR JAN	2002 THRU	DEC	2002	P	AGE 9,450
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 185% PROG	RAM - PREGNANT	AID (	CODES 44 48	49				
						M	TNC	HLY AVERA	GE	
359 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	7A	JERAGE COST			COST PER		COST PER
007 221013220	00210	OR DAYS OF CARE			ER UNIT/DAY		_	USER		ELIGIBLE
@OPTOMETRIST	0	0 \$	.00		.00	.000	Ś	.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	Υ	.00	Ψ	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
	0	0 \$	.00				ċ	.00	ċ	
@CHIROPRACTOR	0	,			.00	.000	Þ		Ş	.00
VISITS	U	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	Ü	0 \$	.00		.00	.000	Ş	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	1 \$	68.90	\$	68.90	.003	\$	68.90	\$	.19
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	97	506 \$	93,885.79	\$	185.55	1.409	\$	967.89	\$	261.52
HOSP INPATIENT TOTAL	20	58	83,120.96		1433.12	.162		4156.05		231.53
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	20	58	83,120.96		1433.12	.162		4156.05		231.53
ACCOMMODATIONS	20	58	22,829.72		393.62	.162		1141.49		63.59
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	20	58	22,829.72		393.62	.162		1141.49		63.59
ANCILLARIES	20	0	60,291.24		.00	.000		3014.56		167.94
INPATIENT CROSSOVERS	0	0	.00,291.29		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	*									
HOSP OUTPATIENT TOTAL	85	448	10,764.83		24.03	1.248		126.65		29.99
MEDICAL	22	27	1,504.30		55.71	.075		68.38		4.19
SURGERY	3	3	140.62		46.87	.008		46.87		.39
PATHOLOGY	44	194	2,049.79		10.57	.540		46.59		5.71
RADIOLOGY	29	42	2,908.63		69.25	.117		100.30		8.10
ROOM USE	40	58	1,839.61		31.72	.162		45.99		5.12
CROSSOVERS/ALL OTH OUTPTNT	33	124	2,321.88		18.72	.345		70.36		6.47
@COUNTY HOSPITAL TOTAL	0	0 \$	.00		.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL		0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0			.000	.00	
CROSSOVERS/ALL OTH OUTPINT	•		.00.	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AN FEE-FOR-SERVICE/DENT		DNTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 9,451 01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES		M - PREGNANT A	ID CODES 44 48	49		01/11/05
I HOMAS COONII	SOMMAN OF SERVICES	TON 100% INOGINA	I INDONANI A	ID CODED 44 40	MON'	THIV AVERA	GF
359 ELIGIBLES	USERS UNIT	'S OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
339 EDIGIBLES		DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	97	506 \$	93,885.79	\$ 185.55	1.409 \$		
COMM HOSP INPATIENT TOTAL	20	58	83,120.96	1433.12	.162	4156.05	231.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	20	58	83,120.96	1433.12	.162	4156.05	231.53
ACCOMMODATIONS	20	58	22,829.72	393.62	.162	1141.49	63.59
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	20	58					
ALL OTHER ACCOM	20	0	22,829.72	393.62 .00	.162	1141.49 3014.56	63.59
ANCILLARIES	20	0	60,291.24		.000		167.94
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	· · · · · · · · · · · · · · · · · · ·		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	85	448	10,764.83	24.03	1.248	126.65	29.99
MEDICAL	22	27	1,504.30	55.71	.075	68.38	4.19
SURGERY	3	3	140.62	46.87	.008	46.87	.39
PATHOLOGY	44	194	2,049.79	10.57	.540	46.59	5.71
RADIOLOGY	29	42	2,908.63	69.25	.117	100.30	8.10
ROOM USE	40	58	1,839.61	31.72	.162	45.99	5.12
CROSSOVERS/ALL OTH OUTPTNT	33	124	2,321.88	18.72	.345	70.36	6.47
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		·
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$		·
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
TEN D DECLITAD	^	^	0.0	0.0	000	0.0	0.0

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000 \$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	34	85	\$	1,442.49	\$	16.97	.237 \$	42.43	\$	4.02
PATHOLOGY	34	85		1,442.49		16.97	.237	42.43		4.02
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	120	237	\$	34,438.90	\$	145.31	.660 \$		Ś	95.93
CLINIC	3	8	т.	355.62	-T	44.45	.022	118.54	т.	.99
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	117	229				148.84	.638			94.94
				34,083.28				291.31	D 7 C	
#CALIF DEPT OF HEALTH SERV			TURES I	MONTH-OF-PAYMENT I	KEPOR.	r FOR JAN 2	2002 THRU DE	C 2002	PAG	SE 9,452
MOP024	FEE-FOR-SERVICE									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGR	AM - PREGNANT A	AID CO	ODES 44 48				
							MON		-	
359 ELIGIBLES	USERS	UNITS OF SERVI	ICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	CC	DST PER
		OR DAYS OF CA	ARE		PEI	R UNIT/DAY		USER	ΕI	LIGIBLE
@ALL OTHER PROVIDERS	25	116	\$	2,777.90	\$	23.95	.323 \$	111.12	\$	7.74
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	2	92		555.90		6.04	.256	277.95		1.55
AMBULANCES/AIR TRANS	2	92		555.90		6.04	.256	277.95		1.55
OTHER TRANS	2	0		.00		.00	.000	.00		.00
	0	0								
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	•			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	23	24		2,222.00		92.58	.067	96.61		6.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	Û		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00			.000	.00		.00
NONINST BIRTHING CENTERS	0					.00				
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	Ü	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	20	CR \$	44.330	CR \$	22.17	.006CR\$	.00	\$	.12CR
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION	I ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AP	PROPRIATE DETAI	LL LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES	ABOVE							
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT H	REPORT	r for Jan 2	2002 THRU DF	C 2002	PAG	SE 9,453
MOP024	FEE-FOR-SERVICE				011					01/17/03
PLUMAS COUNTY			Y POS	T PARTUM PROGRAM		AID CODE	76			,, 00
1101110 0001111	SSIMMIN OF SERV	IOLO IOIC OU DE	11 100	I III(IOII II(OI)		TILD CODE	MON	THILY AUFDA	GE	
21 FITCIBLES	HCEDC	IINITHO OF CEDIA	CE	EADENDIMIDEC	73 7 7 7		TINITEC / DAVC		.OH -	OM DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER ELIGIBLE

21 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	4	12	\$	1,603.41	\$	133.62	.571	\$	400.85		76.35
@PHYSICIANS SERVICES	1	3	\$	627.85	\$	209.28	.143	\$	627.85	\$	29.90
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	2		83.57		41.79	.095		83.57		3.98
HOSPITAL VISITS	1	2		83.57		41.79	.095		83.57		3.98
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0									
	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0					.00	.000		.00		.00
EXAMINATIONS	•	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		544.28		544.28	.048		544.28		25.92
PRINCIPAL SURGEON	1	1		544.28		544.28	.048		544.28		25.92
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	Ċ	.00
PRESCRIPTION DRUGS	0	0	۲	.00	Ą	.00	.000	۲	.00	ې	.00
	0	0		.00					.00		
SNF/ICF	0					.00	.000				.00
OUTPATIENTS	•	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	_	.00	_	.00	.000	_	.00	_	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MOI		E POR'			DEC		PΔ	GE 9,454
MOP024	FEE-FOR-SERVICE		1101	TITLE OF THEFTINE IN						17	01/17/03
PLUMAS COUNTY		VICES FOR 60-DAY	POST .	PARTIM PROCRAM		AID CODE	76				01/1//00
I HOLIVO COOMII	COLIMITAL OF DEV	VICES FOR OU DAI	1001	TIMITON TIVOGIVAN		MID CODE	M	יייוער	IT.V AMEDA	CF -	
21 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ 7.71		UNITS/DAY				OST PER
CI THIGIDHES	USEKS	ONITS OF SERVICE		FVLFNDIIOKĘ2	AVI	TIVAGE COST	OMITANDAI	ن (	YOU LEK	C	ODI LEK

@OPTOMETRIST	0	0	\$ .0	0 \$	.00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.0	0	.00	.000	.00	.00
EYE APPLIANCES	0	0	.0	0	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.0	0	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .0	0 \$	.00	.000	\$ .00	\$ .00
VISITS	0	0	.0	0	.00	.000	.00	.00
OTHER SERVICES	0	0	.0	0	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .0	0 \$	.00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.0	0	.00	.000	.00	.00
SURGERY/ANES.	0	0	.0	0	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.0	0	.00	.000	.00	.00
OTHER	0	0	.0	0	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .0	0 \$	.00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .0	0 \$	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .0	0 \$	.00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .0	0 \$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .0	0 \$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .7	4 \$	.00	.000	\$ .00	\$ .04
HOSP INPATIENT TOTAL	0	0	.0	0	.00	.000	.00	.00
HSC HOSPITALS	0	0	.0	0	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.0	0	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.0	0	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.0	0	.00	.000	.00	.00
ANCILLARIES	0	0	.0	0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.0	0	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.0	0	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.7	4	.00	.000	.00	.04
MEDICAL	0	0	.0	0	.00	.000	.00	.00
SURGERY	0	0	.0	0	.00	.000	.00	.00
PATHOLOGY	0	0	.0	0	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.74	.00	.000	.00	.04
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 20	02 THRU DEC	2002	PAGE 9,455
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	60-DAY PC	ST PARTUM PROGRAM	AID CODE 7	6		
				_	MONT	HLY AVERAGE	<u>:</u>

					MON	THLY AVERAGE	S
21 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'	r units/days	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.74	\$ .00	.000 \$	.00	.04
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.74	.00	.000	.00	.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.74		.000	.00	.04
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	.00
MENTALLY ILL	0	0	.00		.000	.00	.00
DEVELOP. DISABLED	0	0	.00		.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	.00
LEV A-INTERMEDIATE	0	0	.00		.000	.00	.00
LEV B-REHAB MD	0	0	.00		.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
LEV B-REGULAR	0	0	.00		.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	3	\$	44.38	\$	14.79	.143	\$	44.38	\$	2.11
1	3		44.38		14.79	.143		44.38		2.11
0	0		.00		.00	.000		.00		.00
4	5	\$	875.44	\$	175.09	.238	\$ 2	.18.86	\$	41.69
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
4	5		875.44		175.09	.238	2	.18.86		41.69
MEDI-CAL SERVICES AND E	XPENDITU	RES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN 2	002 THRU	DEC 20	02	PΖ	AGE 9,456
FEE-FOR-SERVICE/DENTAL										01/17/03
SUMMARY OF SERVICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE	76				
	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	O	0 0 0 .00 .00 .00 .000 .000 .000 .000	0 0 0 00 00 00 00 00 00 00 00 00 00 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

----- MONTHLY AVERAGE -----UNITS OF SERVICE 21 ELIGIBLES **USERS** EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1 1 55.00 55.00 .048 \$ 55.00 \$ 2.62 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 0 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 55.00 GENETIC DISEASE TESTING 55.00 .048 55.00 2.62 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 OPTICIAN .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 \$ .00 .00 @CALIF. CHILDREN SERVICES\* .00 .000 \$ .00 .00 \$ .00 .000 .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\*

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,457

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR 185%/60-I	DAY PP	AID CODES	44 47 48 49 69				
						MOI	NTHLY AVERA		
619 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	355	1,559	\$	177,421.99	\$ 113.80	2.519	499.78	\$	286.63
@PHYSICIANS SERVICES	90	238	\$	16,403.21	\$ 68.92	.384	182.26	\$	26.50
OUTPATIENT VISITS	13	15		876.71	58.45	.024	67.44		1.42
OFFICE VISITS	7	9		250.51	27.83	.015	35.79		.40
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	6	6		626.20	104.37	.010	104.37		1.01
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	17	33		1,981.70	60.05	.053	116.57		3.20
HOSPITAL VISITS	16	30		1,467.42	48.91	.048	91.71		2.37
CRITICAL CARE	1	3		514.28	171.43	.005	514.28		.83
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0							
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS				.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	20	74		9,543.87	128.97	.120	477.19		15.42
PRINCIPAL SURGEON	17	20		8,323.32	416.17	.032	489.61		13.45
ASSISTANT SURGEON	3	_3		395.18	131.73	.005	131.73		.64
ANESTHESIOLOGIST	4	51		825.37	16.18	.082	206.34		1.33
OUTPATIENT SURGERY	2	12		233.32	19.44	.019	116.66		.38
PRINCIPAL SURGEON	1	1		57.26	57.26	.002	57.26		.09
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	11		176.06	16.01	.018	176.06		.28
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	13	33		1,119.86	33.94	.053	86.14		1.81
RADIOLOGY	43	52		1,559.62	29.99	.084	36.27		2.52
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	13	19		1,088.13	57.27	.031	83.70		1.76
@PHARMACY	94	163	\$	3,857.71	\$ 23.67	.263	41.04	\$	6.23
PRESCRIPTION DRUGS	94	163		3,857.71	23.67	.263	41.04		6.23
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	94	163		3,857.71	23.67	.263	41.04		6.23
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	1		\$	32.00	\$ 16.00	.003		Ś	.05
VISITS - DIAGNOSTIC	1	2	т	32.00	16.00	.003	32.00	т	.05
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0							
RESTORATIVE DENTISTRY				.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	-	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,458 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL PLUMAS COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR I	.85%/60-	-DAY PP	AID CODES	44 4	/ 48 49 69					
										HLY AVERA		
619 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS O					R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	\$	.00	.000	Ś	.00	\$	.00
MEDICINE/INJECTIONS	0		0	•	.00	·	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	Ś		\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00		\$		\$	.00
NURSE MIDWIFE	1		1	\$	68.90	\$	68.90	.002	\$	68.90	Ś	.11
PEDIATRIC NURSE PRACTITIONER	-		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00		\$		\$	.00
@TOTAL HOSPITAL	132		625	\$			167.79	1.010		794.45		169.41
-	22		64	ş		Ş			Ą		Ą	145.84
HOSP INPATIENT TOTAL	2		6		90,276.96		1410.58 1192.67	.103		4103.50 3578.00		11.56
HSC HOSPITALS	20		58		7,156.00							
NON-HSC HOSPITAL TOTAL					83,120.96		1433.12	.094		4156.05		134.28
ACCOMMODATIONS	20		58		22,829.72		393.62	.094		1141.49		36.88
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	20		58		22,829.72		393.62	.094		1141.49		36.88
ANCILLARIES	20		0		60,291.24		.00	.000		3014.56		97.40
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	120		561		14,590.69		26.01	.906		121.59		23.57
MEDICAL	52		65		3,138.15		48.28	.105		60.35		5.07
SURGERY	3		3		161.74		53.91	.005		53.91		.26
PATHOLOGY	49		206		2,211.67		10.74	.333		45.14		3.57
RADIOLOGY	34		48		3,042.83		63.39	.078		89.50		4.92
ROOM USE	72		102		3,482.69		34.14	.165		48.37		5.63
CROSSOVERS/ALL OTH OUTPTNT			137		2,553.61		18.64	.221		59.39		4.13
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 9,459
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR 185%/60-DAY P	P AID CODES 44 47	48 49 69	76		

							MC	INC	HLY AVERA	GE	
619 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	132	625	\$	104,867.65	\$	167.79	1.010	\$	794.45	\$	169.41
COMM HOSP INPATIENT TOTAL	22	64		90,276.96		1410.58	.103		4103.50		145.84
HSC HOSPITALS	2	6		7,156.00		1192.67	.010		3578.00		11.56
NON-HSC HOSPITALS TOTAL	20	58		83,120.96		1433.12	.094		4156.05		134.28
ACCOMMODATIONS	20	58		22,829.72		393.62	.094		1141.49		36.88
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	20	58		22,829.72		393.62	.094		1141.49		36.88
ANCILLARIES	20	0		60,291.24		.00	.000		3014.56		97.40
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	120	561		14,590.69		26.01	.906		121.59		23.57
MEDICAL	52	65		3,138.15		48.28	.105		60.35		5.07
SURGERY	3	3		161.74		53.91	.005		53.91		.26
PATHOLOGY	49	206		2,211.67		10.74	.333		45.14		3.57
RADIOLOGY	34	48		3,042.83		63.39	.078		89.50		4.92
ROOM USE	72	102		3,482.69		34.14	.165		48.37		5.63
CROSSOVERS/ALL OTH OUTPINT	43	137		2,553.61		18.64	.221		59.39		4.13
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00

LEV B-REHAB MD	0	Ω		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	¢	.00		.00	.000	\$	.00	\$	.00
ICF DDH	0	0	Y	.00		.00	.000	٧	.00	٧	.00
ICF DDN	0	0		.00		.00	.000		.00		.00
ICF DDD/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ċ	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	Y	.00	•	.00	.000	Y	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ċ	.00		.00	.000	Ś	.00	\$	.00
HOSPITAL BASED	0	0	Y	.00		.00	.000	۲	.00	۲	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	35	88	ċ			16.90	.142	ċ		Ś	2.40
			Ş	1,486.87				\$	42.48	Þ	
PATHOLOGY	35	88		1,486.87		16.90	.142		42.48		2.40
XO AND OTHERS	1.01	225	Ċ	.00		.00	.000	ċ	.00	ċ	.00
@ORGANIZED OUTPATIENT CLINIC	191	325	\$	47,872.75		147.30	.525	\$	250.64	\$	77.34
CLINIC	3	8		355.62		44.45	.013		118.54		.57
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	188	317		47,517.13		149.90	.512		252.75		76.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2002	? THRU	DEC	2002	PI	AGE 9,460
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	185%/6	O-DAY PP	AID CODES	44 47	48 49 69 76					

----- MONTHLY AVERAGE -----619 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 26 117 2,832.90 24.21 .189 \$ 108.96 \$ 4.58 0 .000 .00 DURABLE MED. EQUIP. 0 .00 .00 .00 0 0 .00 BLOOD BANK .00 .00 .000 .00 0 HEARING AID DISPENSERS .00 .00 .000 .00 .00 555.90 .90 MEDICAL TRANSPORTATION 6.04 .149 277.95 AMBULANCES/AIR TRANS 92 555.90 6.04 .149 277.95 .90 OTHER TRANS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 25 GENETIC DISEASE TESTING 24 2,277.00 91.08 .040 94.88 3.68 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 . 00 .000 . 00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 0 .00 .000 .00 PROSTHETICS .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 HOSPICE SERVICES .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1 \$	4,792.22	\$ 4792.22	.002 \$	4792.22 \$	7.74
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,461 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----162 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 36,723.87 324.99 \$ 226.69 @TOTAL, ALL PROVIDERS 113 960 \$ 38.25 5.926 \$ 21 43 21.54 .265 \$ 44.10 \$ @PHYSICIANS SERVICES 926.03 5.72 0 .00 .00 .00 OUTPATIENT VISITS .00 .000 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE .000 .00 .00 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT .00 .00 .000 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS .00 . 00 . 00 .00 . 00 INPATIENT HOSPITAL SURGERY . 00 .000 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .000 .00 ANESTHESIOLOGIST .00 .00 .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .000 PSYCHIATRY .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 4.3 926.03 21.54 .265 44.10 5.72 @PHARMACY 96 522 24,523.25 46.98 3.222 \$ 255.45 \$ 151.38 PRESCRIPTION DRUGS 354 23,477.77 66.32 2.185 249.76 144.92 Ω .00 .00 .000 .00 .00 SNF/ICF 94 354 23,477.77 66.32 249.76 144.92 2.185 OUTPATIENTS 12 168 MEDICAL SUPPLIES 1,045.48 6.22 1.037 87.12 6.45 .00 .00 \$ @DENTIST .00 .000 \$ .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 .00 .00 .00 .00 ORAL SURGERY .000 .00 . 00 .000 .00 .00 DRUGS .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .00 .000 .00 PERIODONTICS ENDODONTICS .00 .00 .000 .00 .00 .000 RESTORATIVE DENTISTRY .00 .00 .00 .00 PROSTHETICS .00 .000 .00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,462
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD - AGED	AID CODE	16		

PLUMAS COUNTY	SUMMARY OF SERVICE	ES FOR	TITLE II	DISRE	GARD - AGED		AID CODE	16				
								M	TNC	HLY AVERA	GE	
162 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5		16	\$	220.80	\$	13.80	.099	\$	44.16	\$	1.36
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	4		10		170.38		17.04	.062		42.60		1.05
OTHER OPTOMETRIC SERVICES	2		6		50.42		8.40	.037		25.21		.31
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	2		2	\$	5.48	\$	2.74	.012	\$	2.74	\$	.03
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	2		2		5.48		2.74	.012		2.74		.03
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00		.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER			0	\$	.00		.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00		.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	14		70	\$	4,280.41		61.15	.432	\$	305.74	\$	26.42
HOSP INPATIENT TOTAL	4		10		3,014.31		301.43	.062		753.58		18.61
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4		10		3,014.31		301.43	.062		753.58		18.61
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11		60		1,266.10		21.10	.370		115.10		7.82
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	•		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			60	<b>^</b>	1,266.10		21.10	.370	<u> </u>	115.10	<u>^</u>	7.82
@COUNTY HOSPITAL TOTAL	0		0	\$	.00		.00	.000	\$		\$	.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		•		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			PENDITU:	RES 1	MONTH-OF-PAYMENT RE	EPORT	' FOR JAN 2	2002 THRU	DEC	2002	P	AGE 9,463
MOP024	FEE-FOR-SERVICE											01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	TITLE	II DI	ISREGARD - AGED		AID CODE					
1.60				_				M				
162 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST					COST PER
		OR DAYS					UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14		70	\$	4,280.41	\$	61.15	.432	Ş	305.74	Ş	26.42
COMM HOSP INPATIENT TOTAL	4		10		3,014.31		301.43	.062		753.58		18.61
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4		10		3,014.31		301.43	.062		753.58		18.61
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11		60		1,266.10		21.10	.370		115.10		7.82
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	11		60		1,266.10		21.10	.370		115.10		7.82
@STATE HOSPITAL	0		0	\$	.00	\$	.00		\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	61 0 0 0 61	94 0 0 0 94	\$	4,780.05 .00 .00 .00 4,780.05	\$	50.85 .00 .00 .00 50.85	.580 \$ .000 .000 .000 .580	78.36 .00 .00 .00 78.36	\$	29.51 .00 .00 .00 29.51
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	E/DENTAL		MONTH-OF-PAYMENT R	REPORT			EC 2002	E	PAGE 9,464 01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	II DI	ISREGARD - AGED		AID CODE				
4.60			_					ITHLY AVERA	-	
162 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	213	\$	1,987.85	\$	9.33	1.315	104.62	\$	12.27
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	2	163		1,538.74		9.44	1.006	769.37		9.50
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	1	113		162.84		1.44	.698	162.84		1.01
OTHER SERVICES	1	50		1,375.90		27.52	.309	1375.90		8.49
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	4	8		94.88		11.86	.049	23.72		.59
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	2		58.00		29.00	.012	58.00		.36
PROSTHETICS	1	2		58.00		29.00	.012	58.00		.36
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	40		296.23	7.41	.247	22.79	1.83
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	45	360	\$	7,855.15	\$ 21.82	2.222	\$ 174.56	\$ 48.49
0 + MOMATO IN MURCE TIMES ADE CIVEN		TNIECDMARITONI	TERM O	NIT V.				

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,465
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

PLUMAS COUNTI	SUMMARI OF SERV	ICES FOR IIITE I	T DIS	SKEGARD - BLIND	AID (	LODES 20	AO				
							MC				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5	COST PER	COST	
		OR DAYS OF CARE				JNIT/DAY	PER ELIG		USER	ELIG	
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000		.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00		\$	.00	\$	.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	Û	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0					
	U	U	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ô	0	.00	.00	.000	.00	.00
	0	0					
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON				2002	PAGE 9,466
" -			III OF TATRENT RE	TORT FOR OAN 2	.002 IIINO DEC	2002	01/17/03
MOP024	FEE-FOR-SERVICE/				ā-		01/1//03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISR	EGARD - BLIND	AID CODES 26			
					MONT	CHLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$		
	· · · · · · · · · · · · · · · · · · ·				•		•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	Ô	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES	0		.00	.00	.000	.00	.00
@PODIATRIST	U	0 \$	.00	\$ .00	.000 \$		\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	n	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
-	0	•		•			•
NURSE ANESTHESIST	U	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ô	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	ŭ	•					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
HOC HODETIADO	O	U	.00	.00	.000	.00	• 0 0

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M					PAGE 9,467
MOP024	FEE-FOR-SERVICE/D						01/17/03
PLUMAS COUNTY		ES FOR TITLE II DI	SREGARD - BLIND	AID CODES 26	6A		,,
					MONT	HLY AVERA	GE
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	U	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	U	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV D-IKANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	Ś	.00
PATHOLOGY	0	0	.00	.00	.000	.00	т	.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	Ċ	.00
	0	0 Ş		,	·		ې	
CLINIC	U	U	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	. 2002	PAGE	9,468
MOP024	FEE-FOR-SERVICE/D	ENTAL					01	/17/03
PLUMAS COUNTY	SUMMARY OF SERVICE	ES FOR TITLE II DISH	REGARD - BLIND	AID CODES 26	6A			
					MONT	HLY AVERAG	E	
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
**		OR DAYS OF CARE		PER UNIT/DAY		USER		GIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$			.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	7	.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
	0	0						
HEARING AID DISPENSERS	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	•	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
	0	0						
PROSTHETIST/ORTHOTISTS	0	U	.00	.00	.000	.00		.00
PROSTHETICS	U	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00		.000 \$	.00	¢	.00
@XOVER EXCLUDING STATE HOSP**		0 \$	.00		.000 \$	.00		.00
	•	• т		٠٠٠٠	.000 7	.00	۲	.00
0* TOTALS IN THESE LINES ARE								
THE AMOUNTS ARE ALREADY IN			ABUVE.					
** THESE DATA ARE INCLUDED I								0 450
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MO	N'I'H-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002		
MOP024	FEE-FOR-SERVICE/D						01	./17/03
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR TITLE II DIS	REG - DISABLED AI	D CODES 36 66				
					MONT	THE ALLEDY	'E'	

USERS UNITS OF SERVICE

OR DAYS OF CARE

140 ELIGIBLES

----- MONTHLY AVERAGE -----

PER UNIT/DAY PER ELIG USER ELIGIBLE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

@TOTAL, ALL PROVIDERS	95	677	\$ 43,262.10	\$ 63.90	4.836	\$ 455.39	\$ 309.02
@PHYSICIANS SERVICES	7	14	\$ 145.41	\$ 10.39	.100	\$ 20.77	\$ 1.04
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.78	12.78	.007	12.78	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	13	132.63	10.20	.093	22.11	.95
@PHARMACY	83	407	\$ 36,241.81	\$ 89.05	2.907	\$ 436.65	\$ 258.87
PRESCRIPTION DRUGS	82	404	36,178.06	89.55	2.886	441.20	258.41

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	82	404	36,178.06	89.55	2.886	441.20	258.41
MEDICAL SUPPLIES	1	3	63.75	21.25	.021	63.75	.46
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 9,470

01/17/03

MOP024 FEE-FOR-SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

140 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER	.01	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	14	\$ 197.34	\$	14.10	.100	\$	65.78	\$	1.41
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	3	12	191.92		15.99	.086		63.97		1.37
OTHER OPTOMETRIC SERVICES	1	2	5.42		2.71	.014		5.42		.04
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$ 59.53	\$	59.53	.007	\$	59.53	\$	.43
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	1	59.53		59.53	.007		59.53		.43
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	12	31	\$ 689.08	\$	22.23	.221	\$	57.42	\$	4.92
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12	31	689.08		22.23	.221		57.42		4.92
MEDICAL	0	0	21.08		.00	.000		.00		.15
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00

RADIOLOGY	1	2		37.94	18	.97 .0	14	37.94		.27
ROOM USE	0	0		11.14		.00 .0	000	.00		.08
CROSSOVERS/ALL OTH OUTPTNT	11	29		618.92	21	.34 .2	207	56.27		4.42
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00 .0	000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00 .0	000	.00		.00
HSC HOSPITALS	0	0		.00		.00 .0	000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00 .0	000	.00		.00
ACCOMMODATIONS	0	0		.00		.00 .0	000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00 .0	000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00 .0	000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00 .0	000	.00		.00
ANCILLARIES	0	0		.00		.00 .0	000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00 .0	000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00 .0	000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00 .0	000	.00		.00
MEDICAL	0	0		.00		.00 .0	000	.00		.00
SURGERY	0	0		.00		.00 .0	000	.00		.00
PATHOLOGY	0	0		.00		.00 .0	000	.00		.00
RADIOLOGY	0	0		.00		.00 .0	000	.00		.00
ROOM USE	0	0		.00		.00 .0	000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00 .0	000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-C	F-PAYMENT RE	EPORT FOR	JAN 2002 TH	IRU DE	C 2002	PAGE	9,471
MOP024	FEE-FOR-SERVICE/DENTAL								01	/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	TITLE :	II DISREG -	DISABLED A	ID CODES 3	36 66 6C				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 140 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 12 31 \$ 689.08 \$ 22.23 .221 \$ 57.42 \$ 4.92 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .00 .000 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 31 689.08 22.23 .221 57.42 4.92 MEDICAL 0 0 21.08 .00 .000 .00 .15 SURGERY 0 0 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 37.94 18.97 .014 37.94 .27 ROOM USE Ω 11.14 . 00 .000 .00 .08 29 618.92 21.34 .207 56.27 4.42 CROSSOVERS/ALL OTH OUTPINT .00 .00 0 \$ .00 .000 \$ .00 **@STATE HOSPITAL** 0 MENTALLY ILL .00 .00 .000 .00 .00 .000 DEVELOP. DISABLED 0 .00 .00 .00 .00 @NURSING FACILITY .00 .00 .00 .00 .000 .00 .00 .00 LEV A-INTERMEDIATE .000 .00 0 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 .000 LEV B-REGULAR 0 .00 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 \$ .00 .000 \$ .00 \$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	38	\$	1,971.41	\$	51.88	.271	\$	73.02	\$	14.08
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	27	38		1,971.41		51.88	.271		73.02		14.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 200	2 THRU	DEC	2002	PI	AGE 9,472
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	RTITLE	II D	DISREG - DISABLED A	ID CO	DES 36 66 60					

----- MONTHLY AVERAGE -----EXPENDITURES 140 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 37 172 3,957.52 23.01 1.229 \$ 106.96 \$ 28.27 0 0 .00 .000 .00 DURABLE MED. EQUIP. .00 .00 0 .00 .00 .000 .00 BLOOD BANK .00 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 1069.60 MEDICAL TRANSPORTATION 41 1,069.60 26.09 .293 7.64 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 0 .00 .00 .00 OTHER TRANS .000 .00 41 26.09 .293 1069.60 OTHER SERVICES 1,069.60 7.64 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 .00 .000 GENETIC DISEASE TESTING .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST OPTICIAN 118.22 11.82 29.56 .071 .84 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .000 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 121 2,769.70 22.89 ALL OTHER PROVIDERS .864 81.46 19.78 0 .00 \$ @CALIF. CHILDREN SERVICES\* .00 .00 .000 \$ .00 \$ 4,651.61 113.45 \$ @XOVER EXCLUDING STATE HOSP\*\* 22.47 1.479 \$ 33.23

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,473

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

I DOMAS COONII	SOMMAN OF SERVICE	ED FOR	111111111111111111111111111111111111111	L DIGINE	IGAILD	TAMILLIES		AID CODE	M	ONT!	HIV AMERA	CF	
00 ELIGIBLES	USERS U	NITS OF	SERVICE		FYDFN	DITURES	MALLE	ACF COST	UNITS/DAY		COST PER		COST PER
00 EDIGIDDES		OR DAYS			EZZI EIV.	DITORES			PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OIC DIIID	0	\$		.00	\$	.00	.000		.00		.00
@PHYSICIANS SERVICES	0		0	\$		.00	\$	.00	.000		.00	\$	.00
	0		0	٧		.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
OUTPATIENT VISITS	0		0			.00		.00	.000		.00		.00
OFFICE VISITS	0		0										
HOME VISITS	0		-			.00		.00	.000		.00		.00
EMERGENCY ROOM	•		0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0			.00		.00	.000		.00		.00
INPATIENT VISITS	0		0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0			.00		.00	.000		.00		.00
CRITICAL CARE	0		0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00		.00
EXAMINATIONS	0		0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		Ö			.00		.00	.000		.00		.00
DIALYSIS	0		Ö			.00		.00	.000		.00		.00
PATHOLOGY	0		Ö			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
PSYCHIATRY	0		0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00	.000		.00		.00
@PHARMACY	0		0	Ś		.00	\$	.00	.000	Ċ	.00	Ś	.00
PRESCRIPTION DRUGS	0		0	٧		.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
SNF/ICF	0		0			.00		.00	.000		.00		.00
OUTPATIENTS	0		0			.00		.00	.000		.00		.00
	0		0					.00					.00
MEDICAL SUPPLIES	0		0	Ś		.00	Ċ		.000	Ċ	.00	ċ	
@DENTIST	0		0	P		.00	\$	.00		\$	.00	\$	.00
VISITS - DIAGNOSTIC	0								.000				
ORAL SURGERY	•		0			.00		.00	.000		.00		.00
DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	0		0			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0			.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,474 MOP024

FEE-FOR-SERVICE/DENTAL PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

I HOMAS COONII	SOMMAN OF SERVE	ICED FOR	111111111111111111111111111111111111111	L DIDIG	GAND PARTITIES		AID CODE	10			
									Y AVERA	-	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	ST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00		\$ .00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	.00		.00
EYE APPLIANCES	0		0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	0		0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Ô	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	U	,	.00	\$ .00	.000 \$	.00	·
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	Û	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN .	ZUUZ THRU DE	C 2002	PAGE 9,475
MOP024	FEE-FOR-SERVICE	/DENTAL				2002	01/17/03
	FEE-FOR-SERVICE				46		01/17/03
MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR TITLE II DISP	REGARD - FAMILIES	S AID CODE	46 MON	THLY AVERA	01/17/03 GE
MOP024	FEE-FOR-SERVICE	/DENTAL TICES FOR TITLE II DISP UNITS OF SERVICE		AID CODE  AVERAGE COST	46 MON UNITS/DAYS	THLY AVERA( COST PER	01/17/03 GE COST PER
MOP024 PLUMAS COUNTY  00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL TICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE	REGARD - FAMILIES EXPENDITURES	AID CODE  AVERAGE COST PER UNIT/DAY	46 MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	01/17/03  GE COST PER ELIGIBLE
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	//DENTAL TICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE 0 \$	REGARD - FAMILIES EXPENDITURES .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00	46 MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01/17/03  GE COST PER ELIGIBLE \$ .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL TICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE	REGARD - FAMILIES EXPENDITURES	AID CODE  AVERAGE COST PER UNIT/DAY	46 MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	01/17/03  GE COST PER ELIGIBLE
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	//DENTAL TICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE 0 \$	REGARD - FAMILIES EXPENDITURES .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00	46 MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01/17/03  GE COST PER ELIGIBLE \$ .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	//DENTAL TICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	REGARD - FAMILIES EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000	THLY AVERAGE COST PERUSER .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	JOENTAL JICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	REGARD - FAMILIES  EXPENDITURES  .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000	THLY AVERAGE OST PER USER .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	JOENTAL JICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	REGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000	THLY AVERAGE OST PER USER .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	JOENTAL JICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	REGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000	THLY AVERAGE OST PER USER .00 .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	REGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	THLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	REGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	THLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE OF THE	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DISH UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL JOES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE  O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE  O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL JOES FOR TITLE II DIST UNITS OF SERVICE OR DAYS OF CARE  O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DIST UNITS OF SERVICE OR DAYS OF CARE  O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DIST UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DIST UNITS OF SERVICE OR DAYS OF CARE  O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL TICES FOR TITLE II DIST UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$		\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-	PAYMENT REP	ORT I	FOR JAN 2002	THRU	DEC	2002	PAGE	9,476
	FEE-FOR-SERVICE/DENTAL									01	/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	7	AID CODE 46					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 \$ .00 .000 \$ .00 \$ .00 0 .00 .00 .00 DURABLE MED. EQUIP. 0 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 OTHER TRANS OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .000 .00 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

PAGE 9,477

01/17/03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

PLOMAS COUNTI	SUMMARI OF SER	VICES FOR IIILE II .	DISKEGARD				M	ОМТ	HIV AVERA	CF	
302 ELIGIBLES	USERS	UNITS OF SERVICE	EXPEND:	TTIBES	ΔVE	RAGE COST	UNITS/DAY			.GĽ	COST PER
302 111011110	ООПКО	OR DAYS OF CARE	DAI DIVD.	LIOINDO		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	208	1,637 \$	79	985.97	\$	48.86	5.421		384.55	Ġ	264.85
@PHYSICIANS SERVICES	28	57 \$		071.44	\$	18.80	.189		38.27		3.55
OUTPATIENT VISITS	0	0	Τ,	.00	Y	.00	.000	Y	.00	Y	.00
	0	0					.000		.00		
OFFICE VISITS	0			.00		.00					.00
HOME VISITS	O	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIOLOGIST	0	•		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		12.78		12.78	.003		12.78		.04
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	27	56	1.0	058.66		18.90	.185		39.21		3.51
@PHARMACY	179	929 \$		765.06	\$	65.41	3.076	Ś	339.47	Ś	201.21
PRESCRIPTION DRUGS	176	758		655.83		78.70	2.510		338.95		197.54
SNF/ICF	0	0	03,	.00		.00	.000		.00		.00
OUTPATIENTS	176	758	50	655.83		78.70	2.510		338.95		197.54
MEDICAL SUPPLIES	13	171		109.23		6.49	.566		85.33		3.67
@DENTIST	0	0 \$	•	.00	\$	.00	.000	ċ	.00	ċ	.00
-	0	0 9			Ą			Ą		Ą	
VISITS - DIAGNOSTIC	· ·	_		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00

 $<sup>\</sup>ensuremath{\emptyset}^{\star}$  Totals in these lines are given as a separate information item only;

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 9,478
MOP024	FEE-FOR-SERVICE/DENTA	$^{ m L}$					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES H	FOR TITLE II	DISREGARD				

----- MONTHLY AVERAGE -----302 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .099 \$ @OPTOMETRIST 30 418.14 13.94 52.27 \$ 1.38 \$ 0 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 .073 51.76 EYE APPLIANCES 362.30 16.47 1.20 OTHER OPTOMETRIC SERVICES 8 55.84 6.98 .026 18.61 .18 .00 @CHIROPRACTOR .00 .000 \$ .00 .00 .00 .00 .000 .00 .00 VISITS 0 .00 .00 .00 OTHER SERVICES .000 .00 .010 \$ 65.01 21.67 21.67 \$ .22 @PODIATRIST MEDICINE/INJECTIONS .00 . 00 .000 . 00 . 00 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 3 OTHER 65.01 21.67 .010 21.67 .22 0 .00 Ś .00 .000 \$ .00 .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .000 \$ .00 .00 \$ .00 \$ . 00 .000 .00 .00 NURSE MIDWIFE .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 . 00 .00 .00 .000 .00 . 00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL 101 4,969.49 49.20 .334 191.13 16.46 10 3,014.31 301.43 .033 753.58 9.98 HOSP INPATIENT TOTAL 0 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 . 00 . 00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 10 3,014.31 301.43 .033 753.58 9.98 .000 .00 ALL OTHER INPATIENT .00 .00 .00 HOSP OUTPATIENT TOTAL 23 91 1,955.18 21.49 .301 85.01 6.47 MEDICAL 0 21.08 .00 .000 .00 .07 SURGERY .00 .00 .000 .00 .00 PATHOLOGY 0 .00 . 00 .000 . 00 . 00 37.94 18.97 .007 37.94 .13 RADIOLOGY 0 .00 .00 .04 11.14 .000 ROOM USE 89 21.18 CROSSOVERS/ALL OTH OUTPINT 1,885.02 .295 85.68 6.24 .00 .000 \$ .00 @COUNTY HOSPITAL TOTAL .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 . 00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS

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TRANSITIONAL IP CARE

ALL OTHER ACCOM

ANCILLARIES

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES MO	NTH-OF-PAYMENT REP	ORT FOR JAN 2	002 THRU DE	C 2002	PAGE 9,479
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DIS	REGARD				
					MON	THLY AVERA	GE
302 ELIGIBLES	USERS U	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	101 \$	4,969.49	\$ 49.20	.334 \$		•
COMM HOSP INPATIENT TOTAL	4	10	3,014.31	301.43	.033	753.58	9.98
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	10	3,014.31	301.43	.033	753.58	9.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	91	1,955.18	21.49	.301	85.01	6.47
MEDICAL	0	0	21.08	.00	.000	.00	.07
SURGERY	0	0	.00	.00	.000	.00	.00
DARILOT OCIZ	^	^	0.0	0.0	000	0.0	0.0

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18.97

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37.94

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0 1 0

PATHOLOGY

RADIOLOGY ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	22	89		1,885.02		21.18	.295		85.68		6.24
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	ċ	.00
• • • • • • • • • • • • • • • • • • • •	0	0	Ą		Ą			Ą		Ą	
LEV A-INTERMEDIATE	U	U		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	Ü		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
ICF DDH	0	0	-T	.00	4	.00	.000	т	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0							.00		
ICF DDN/DDCN	_			.00		.00	.000				.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
PATHOLOGY	0	0	Τ	.00	Τ	.00	.000	т	.00	τ	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	· ·		Ċ		Ċ			ċ		Ċ	
@ORGANIZED OUTPATIENT CLINIC	88	132	\$	6,751.46	\$	51.15	.437	Ş	76.72	Þ	22.36
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	88	132		6 <b>,</b> 751.46		51.15	.437		76.72		22.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 9,480
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR TITLE	II DI	SREGARD							
							M	ОМТІ	HIY AVERA	GE -	
302 ELIGIBLES	USERS	UNITS OF SERVICE	17	EXPENDITURES				OLVI		01	OST PER
JUZ EDIGIBLES	02112				7/1/17	DACE COST	TIMITHS / DAV	· C (	COCH DED		
				EXPENDITORES			UNITS/DAY		COST PER		
ONLY OFFICE PROVIDEDS	F.C.	OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	56	OR DAYS OF CAR		5,945.37		UNIT/DAY 15.44	PER ELIG		USER 106.17	E	LIGIBLE 19.69
DURABLE MED. EQUIP.	0	OR DAYS OF CAR 385 0	E	5,945.37 .00	PER	UNIT/DAY 15.44 .00	PER ELIG 1.275 .000		USER 106.17 .00	E	19.69 .00
DURABLE MED. EQUIP. BLOOD BANK	0	OR DAYS OF CAR 385 0 0	E	5,945.37 .00 .00	PER	UNIT/DAY 15.44 .00 .00	PER ELIG 1.275 .000 .000		USER 106.17 .00	E	19.69 .00
DURABLE MED. EQUIP.	0 0 0	OR DAYS OF CAR 385 0 0	E	5,945.37 .00 .00	PER	UNIT/DAY 15.44 .00 .00	PER ELIG 1.275 .000		USER 106.17 .00	E	19.69 .00
DURABLE MED. EQUIP. BLOOD BANK	0 0 0 0 3	OR DAYS OF CAR 385 0 0	E	5,945.37 .00 .00	PER	UNIT/DAY 15.44 .00 .00	PER ELIG 1.275 .000 .000		USER 106.17 .00	E	19.69 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	0 0 0	OR DAYS OF CAR 385 0 0	E	5,945.37 .00 .00	PER	UNIT/DAY 15.44 .00 .00	PER ELIG 1.275 .000 .000		USER 106.17 .00 .00	E	19.69 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0 0 0 0 3	OR DAYS OF CAR 385 0 0 0 204	E	5,945.37 .00 .00 .00 .00 2,608.34	PER	UNIT/DAY 15.44 .00 .00 .00	PER ELIG 1.275 .000 .000 .000 .675		USER 106.17 .00 .00 .00 .00 869.45 .00	E	LIGIBLE 19.69 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0 0 0 3 0	OR DAYS OF CAR 385 0 0 0 204 0 113	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84	PER	UNIT/DAY 15.44 .00 .00 .00 12.79 .00 1.44	PER ELIG 1.275 .000 .000 .000 .675 .000 .374		USER 106.17 .00 .00 .00 869.45 .00 162.84	E	LIGIBLE 19.69 .00 .00 .00 8.64 .00 .54
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0 0 0 3 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50	PER	UNIT/DAY 15.44 .00 .00 .00 12.79 .00 1.44 26.87	PER ELIG 1.275 .000 .000 .000 .675 .000 .374		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75	E	LIGIBLE 19.69 .00 .00 .00 8.64 .00 .54 8.10
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 0 0 3 0 1 2	OR DAYS OF CAR 385 0 0 0 204 0 113 91	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50	PER	UNIT/DAY 15.44 .00 .00 .00 12.79 .00 1.44 26.87 .00	PER ELIG 1.275 .000 .000 .000 .675 .000 .374 .301		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00	E	19.69 .00 .00 .00 8.64 .00 .54 8.10
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0 0 0 3 0 1 2 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00	PER	UNIT/DAY 15.44 .00 .00 .00 12.79 .00 1.44 26.87 .00 .00	PER ELIG 1.275 .000 .000 .000 .675 .000 .374 .301 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00	E	19.69 .00 .00 .00 8.64 .00 .54 8.10 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 0 0 3 0 1 2 0 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0 0	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00	PER	UNIT/DAY 15.44 .00 .00 .00 12.79 .00 1.44 26.87 .00 .00	PER ELIG 1.275 .000 .000 .000 .675 .000 .374 .301 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00	E	19.69 .00 .00 .00 8.64 .00 .54 8.10 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	0 0 0 3 0 1 2 0 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0 0 0	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00	PER	UNIT/DAY  15.44  .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00	PER ELIG 1.275 .000 .000 .000 .675 .000 .374 .301 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00	E	19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0 0 0 3 0 1 2 0 0 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0 0 0 0	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00	PER	UNIT/DAY  15.44  .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00	PER ELIG 1.275 .000 .000 .000 .675 .000 .374 .301 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00	E	19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0 0 3 0 1 2 0 0 0 0	OR DAYS OF CAR 385 0 0 0 10 204 0 113 91 0 0 0 0 18	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00 .00	PER	UNIT/DAY  15.44  .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00 .11.84	PER ELIG 1.275 .000 .000 .000 .675 .000 .374 .301 .000 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00 .26.64	E	19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0 0 0 3 0 1 2 0 0 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0 0 0 0	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00 .00	PER	UNIT/DAY  15.44 .00 .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG 1.275 .000 .000 .000 .675 .000 .374 .301 .000 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00 .00 .00 .00 .00	E	LIGIBLE  19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00 .00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0 0 3 0 1 2 0 0 0 0	OR DAYS OF CAR 385 0 0 0 10 204 0 113 91 0 0 0 0 18	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00 .00	PER	UNIT/DAY  15.44  .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00 .11.84	PER ELIG 1.275 .000 .000 .000 .675 .000 .374 .301 .000 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00 .26.64	E	19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	0 0 0 3 0 1 2 0 0 0 0 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0 0 18 0	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00 .00	PER	UNIT/DAY  15.44 .00 .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG 1.275 .000 .000 .000 .675 .000 .374 .301 .000 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00 .00 .00 .00 .00	E	LIGIBLE  19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00 .00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	0 0 0 3 0 1 2 0 0 0 0 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0 0 18 0 2	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00 .00 .00 .00 .00 .00	PER	UNIT/DAY  15.44 .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00 .00 .00 .00 29.00	PER ELIG 1.275 .000 .000 .675 .000 .374 .301 .000 .000 .000 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00 26.64 .00 .00 58.00	E	LIGIBLE  19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00 .00 .00 .00 .00 .00 .19
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	0 0 0 3 0 1 2 0 0 0 0 0 0 0 8 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0 0 18 0 0 2 2 2	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00 .00 .00 .00 .00 .00 .00	PER	UNIT/DAY  15.44 .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00 .00 .00 .00 29.00 29.00	PER ELIG 1.275 .000 .000 .675 .000 .374 .301 .000 .000 .000 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00 .00 26.64 .00 .00 58.00 58.00	E	LIGIBLE  19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00 .00 .00 .00 .00 .00 .19 .19
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	0 0 0 3 0 1 2 0 0 0 0 0 0 0 8 0 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0 0 18 0 0 2 2 2	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	UNIT/DAY  15.44 .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG 1.275 .000 .000 .675 .000 .374 .301 .000 .000 .000 .000 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00 .00 .00 .58.00 58.00 .00	E	LIGIBLE  19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00 .00 .00 .00 .00 .19 .19 .19
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	0 0 0 3 0 1 2 0 0 0 0 0 0 0 8 0 0 1 1 1 0 0	OR DAYS OF CAR 385 0 0 0 10 113 91 0 0 0 18 0 0 2 2 2 0 0 0	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	UNIT/DAY  15.44 .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG 1.275 .000 .000 .675 .000 .374 .301 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00 .00 .58.00 58.00 .00 .00	E	LIGIBLE  19.69 .00 .00 8.64 .00 .54 8.10 .00 .00 .00 .00 .00 .10 .00 .19 .19 .19 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	0 0 0 3 0 1 2 0 0 0 0 0 0 0 8 0 0	OR DAYS OF CAR 385 0 0 0 204 0 113 91 0 0 0 18 0 0 2 2 2	E	5,945.37 .00 .00 .00 2,608.34 .00 162.84 2,445.50 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	UNIT/DAY  15.44 .00 .00 .00 12.79 .00 1.44 26.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG 1.275 .000 .000 .675 .000 .374 .301 .000 .000 .000 .000 .000 .000 .000		USER 106.17 .00 .00 .00 869.45 .00 162.84 1222.75 .00 .00 .00 .00 .00 .00 .00 .58.00 58.00 .00	E	LIGIBLE  19.69 .00 .00 .00 8.64 .00 .54 8.10 .00 .00 .00 .00 .00 .00 .19 .19 .19

HOSPICE SERVICES	Ω	Ω		.00	.00	.000	.00	.00
HOSTICE SERVICES	O	0		.00	.00		.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	161		3,065.93	19.04	.533	65.23	10.15
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	86	567	\$	12,506.76	\$ 22.06	1.877	\$ 145.43	\$ 41.41
A* MOMAIC IN MURCE ITNEC ADE CIVEN A		TNECDMARTON	TUEM ONT	7.				

0 \* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,481 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUP	PPORT - AGED		AID CODE	18				
							MC	NTI	HLY AVERA	GΕ	
378 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	353	4,762	\$	180,333.82	\$	37.87	12.598	\$	510.86	\$	477.07
@PHYSICIANS SERVICES	47	207	\$	3,883.08	\$	18.76	.548	\$	82.62	\$	10.27
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	47	207		3,883.08		18.76	.548		82.62		10.27
@PHARMACY	307	2 <b>,</b> 867	\$	72,167.20	\$	25.17		\$	235.07	\$	190.92
PRESCRIPTION DRUGS	294	1,076		68,475.20		63.64	2.847		232.91		181.15
SNF/ICF	25	106		7,800.71		73.59	.280		312.03		20.64
OUTPATIENTS	271	970		60,674.49		62.55	2.566		223.89		160.51
MEDICAL SUPPLIES	33	1,791		3,692.00		2.06	4.738		111.88		9.77
@DENTIST	4	7	\$	390.00	\$	55.71	.019	\$	97.50	\$	1.03
VISITS - DIAGNOSTIC	3	3		65.00		21.67	.008		21.67		.17
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		.00		.00	.003		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	Õ		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		325.00		108.33	.008		162.50		.86
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	-		EC 1	MONTH-OF-PAYMENT RE	ים חחם			\E.C		ъ	AGE 9,482
MOP024	FEE-FOR-SERVICE		LO I	MONIH-OF-PAIMENT RE	SPORI	. FOR JAN .	2002 IRKU 1		2002	P.	01/17/03
PLUMAS COUNTY			CIII	PPORT - AGED		AID CODE	1.0				01/1//03
PLUMAS COUNTI	SUMMARI OF SERV	TCES FOR IN HOME	301	PPORI = AGED		AID CODE		NT III	III V 7.777777	CE	
270 ELICIDIES	HOEDO	INTER OF CERTICE		EVDENDIBLIDEC	71 7 7 7	DACE COCE	MO				
378 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:	5			COST PER
CODEOMERDICE	1 7	OR DAYS OF CARE		672 20			PER ELIG	Ċ	USER		ELIGIBLE
@OPTOMETRIST	17	40	\$	672.38	\$	16.81	.106	Ş	39.55	Ş	1.78
DIAGNOSTIC AND ANC. PROCED	1	1		8.01		8.01	.003		8.01		.02
EYE APPLIANCES	11	33		565.39		17.13	.087		51.40		1.50
OTHER OPTOMETRIC SERVICES	5	6	_	98.98	_	16.50	.016	_	19.80	_	.26
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	5	\$	60.63	\$	12.13	.013	Ş	15.16	\$	.16
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	5		60.63		12.13	.013		15.16		.16
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		.00		.00
NURSE ANESTHESIST	1	10	\$	3.90	\$	.39	.026		3.90	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00		.00
@TOTAL HOSPITAL	84	475	\$	13,744.10	\$	28.93	1.257	\$	163.62	\$	36.36
HOSP INPATIENT TOTAL	11	52		8,892.00		171.00	.138		808.36		23.52
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11	52		8,892.00		171.00	.138		808.36		23.52
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	76	423		4,852.10		11.47	1.119		63.84		12.84
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	76	423		4,852.10		11.47	1.119		63.84		12.84
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL		Õ	т.	.00	4	.00	.000	т.	.00	7	.00
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HSC HOSPITALS

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NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		DEC MO		FD∩DT				D	AGE 9,483
MOP024	FEE-FOR-SERVICE/		KES MO	NIII OF FAIMENT N	EL OIVI	FOR UAN 2	2002 IIINO D.	10 2002	Ε.	01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI		E CIIDD	OPT - ACED		AID CODE	1.0			01/1//03
FLOMAS COUNTI	SUMMART OF SERVI	CES FOR IN HOM	E SUFF	OKI AGED		AID CODE		NTHLY AVERA	CF	
378 ELIGIBLES	USERS	UNITS OF SERVIC	·	EXPENDITURES	7/1/2	DACE COST	UNITS/DAYS			COST PER
570 EDIGIDLES	OSEKS	OR DAYS OF CAR		EXFENDITORES			PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	84	475	.E. \$	13,744.10	\$		1.257			36.36
COMM HOSP INPATIENT TOTAL	11	52	۲	8,892.00	۲	171.00	.138	808.36	۲	23.52
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	11	52		8,892.00		171.00	.138	808.36		23.52
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	76	423		4,852.10		11.47	1.119	63.84		12.84
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	423		4,852.10		11.47	1.119	63.84		12.84
@STATE HOSPITAL	0	0	\$	.00	\$	.00		\$ .00	ċ	.00
MENTALLY ILL	0	0	Y	.00	Ÿ	.00	.000	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	20	473	\$	73,327.69	\$	155.03			\$	193.99
LEV A-INTERMEDIATE	0	0	۲	.00	۲	.00	.000	.00	۲	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	20	472		72 227 60		.00	.000	2000		.00

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

20

0

0

0

0

473

0

0

0

0

0

0

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73,327.69

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.00 \$

193.99

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@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	4	5	\$	27.39	\$	5.48	.013	\$ 6.85	\$	.07
PATHOLOGY	1	1		10.11		10.11	.003	10.11		.03
XO AND OTHERS	3	4		17.28		4.32	.011	5.76		.05
@ORGANIZED OUTPATIENT CLINIC	107	190	\$	9,097.45	\$	47.88	.503	\$ 85.02	\$	24.07
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	1	1		3.33		3.33	.003	3.33		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	106	189		9,094.12		48.12	.500	85.79		24.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU D	EC 2002	Р	AGE 9,484
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SUI	PPORT - AGED		AID CODE	18			
							MC	NTHLY AVER	AGE	
378 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	62	483	\$	6,960.00	\$	14.41	1.278	\$ 112.26	\$	18.41
DURABLE MED. EQUIP.	3	4		204.37		51.09	.011	68.12		.54
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	12	312		2,539.53		8.14	.825	211.63		6.72
AMBULANCES/AIR TRANS	2	161		807.18		5.01	.426	403.59		2.14
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	11	151		1,732.35		11.47	.399	157.49		4.58
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	17		657.97		38.70	.045	328.99		1.74
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	12	25		291.41		11.66	.066	24.28		.77
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	125	3,266.72	26.13	.331	90.74	8.64
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	155	977	\$ 32,298.46	\$ 33.06	2.585	\$ 208.38	\$ 85.45

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,485
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPOR	T - BLIND		AID CODE	28				
								MC	NTH:	LY AVERAC	SE	
12 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	C	OST PER	COSI	Γ PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELIC	GIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 9,486
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	UPPORT - BLIND	AID CODE	28		

FLUMAS COUNTI	SUMMAKI OF SEKV	ICES FOR	IN HOME	SUFF	OKI - PHIND	AID	CODE	20				
								MC	TNC	HLY AVERA	GΕ	
12 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE			PER UNI	T/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 20	002 THRU DEC	2002	PAGE 9,487
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	UPPORT - BLIND	AID CODE 2	28		
				-	MONT	HLY AVERAG	E

					MON	THLY AVERAG	E
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-O	F-PAYMENT F	REPORT	FOR JAN 20	002 THRU	DEC 200	02	PAGE	9,488
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	BLIND		AID CODE 2	28				
						-	M	ONTHLY	AVERA(	GE	

UNITS OF SERVICE 12 ELIGIBLES **USERS** EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @ALL OTHER PROVIDERS 0 0 \$ .00 .000 \$ .00 \$ .00 DURABLE MED. EQUIP. .00 .000 0 0 .00 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 OPTICIAN .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 \$ .00 .00 @CALIF. CHILDREN SERVICES\* .00 .000 \$ \$ .00 .00 \$ .00 .000 .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\*

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,489 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

						MON	GE	
264 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	214	2,340	\$	207,574.64	\$ 88.71	8.864 \$	969.97	\$ 786.27
@PHYSICIANS SERVICES	37	77	\$	2,054.88	\$ 26.69	.292 \$	55.54	\$ 7.78
OUTPATIENT VISITS	7	10		304.40	30.44	.038	43.49	1.15
OFFICE VISITS	6	9		274.40	30.49	.034	45.73	1.04
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		30.00	30.00	.004	30.00	.11
INPATIENT VISITS	1	3		155.70	51.90	.011	155.70	.59
HOSPITAL VISITS	1	3		155.70	51.90	.011	155.70	.59
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	11		684.95	62.27	.042	342.48	2.59
PRINCIPAL SURGEON	2	2		495.53	247.77	.008	247.77	1.88
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9		189.42	21.05	.034	189.42	.72
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

RADIOLOGY	3	4		104.38	26.10	.015		34.79		.40
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	26	49		805.45	16.44	.186		30.98		3.05
@PHARMACY	168	1,158	\$	80,186.21	\$ 69.25	4.386	\$	477.30	\$	303.74
PRESCRIPTION DRUGS	167	777		78,591.65	101.15	2.943		470.61		297.70
SNF/ICF	4	22		1,016.11	46.19	.083		254.03		3.85
OUTPATIENTS	163	755		77,575.54	102.75	2.860		475.92		293.85
MEDICAL SUPPLIES	23	381		1,594.56	4.19	1.443		69.33		6.04
@DENTIST	1	3	\$	120.00	\$ 40.00	.011	\$	120.00	\$	.45
VISITS - DIAGNOSTIC	1	2		35.00	17.50	.008		35.00		.13
ORAL SURGERY	1	1		85.00	85.00	.004		85.00		.32
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONTH	-OF-PAYMENT REI	PORT FOR JA	N 2002 THRU	DEC	2002	PA	GE 9,490
MOP024	FEE-FOR-SERVICE/DENTA	.L								01/17/03

AID CODE 68

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----- MONTHLY AVERAGE -----264 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 55 34.80 .208 \$ 106.33 \$ 7.25 18 1,913.85 5 5 52.22 52.22 DIAGNOSTIC AND ANC. PROCED 261.12 .019 .99 .148 EYE APPLIANCES 14 39 1,550.47 39.76 110.75 5.87 11 20.45 OTHER OPTOMETRIC SERVICES 102.26 9.30 .042 .39 @CHIROPRACTOR 0 .00 \$ .00 .000 \$ .00 \$ .00 .000 VISITS 0 .00 .00 .00 .00 .00 .00 .00 OTHER SERVICES .000 .00 @PODIATRIST .00 .00 .000 \$ .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$ .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 .00 .000 \$ .00 .00 .00 .00 .000 \$ .00 NURSE MIDWIFE 0 .00 .00 .00 .000 \$ .00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$ .00 266 @TOTAL HOSPITAL 15,746.34 59.20 1.008 342.31 59.65 HOSP INPATIENT TOTAL 28 10,932.06 390.43 .106 1214.67 41.41 1585.00 4755.00 18.01 HSC HOSPITALS 4,755.00 .011 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .000 TRANSITIONAL IP CARE .00 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00

.00

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PLUMAS COUNTY

ANCILLARIES

INPATIENT CROSSOVERS	8	25		6,177.06	247.08	.095	,	772.13		23.40
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	40	238		4,814.28	20.23	.902		120.36		18.24
MEDICAL	7	8		404.07	50.51	.030		57.72		1.53
SURGERY	2	3		719.92	239.97	.011		359.96		2.73
PATHOLOGY	9	27		176.89	6.55	.102		19.65		.67
RADIOLOGY	2	3		137.65	45.88	.011		68.83		.52
ROOM USE	6	11		634.20	57.65	.042		105.70		2.40
CROSSOVERS/ALL OTH OUTPTNT	31	186		2,741.55	14.74	.705		88.44		10.38
@COUNTY HOSPITAL TOTAL	0	0	\$	.00		.000	Ċ	.00.	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	.00	.000	Ÿ	.00	Ÿ	.00
HSC HOSPITALS	0	0		.00		.000		.00		
	0				.00					.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ü	Ü		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000		.00		.00
		ES AND EXPENDITURE	EC MO				DEC 2		D.7	AGE 9,491
#CALLE DEET OF DEALLE SERV	MEDI-CHT SEKAICE	IO UND EVERNDIIOUI	CO MO.	NIU-OL-LVIMPNI VE	ILOVI LOV OWN	Z002 INKU I		002		1GL 2,421
	EEE EOD GEDVICE	/ DENIES T								
MOP024	FEE-FOR-SERVICE		GIIDD		3.10 0000					01/17/03
MOP024		DENTAL ICES FOR IN HOME	SUPP	ORT - DISABLED	AID CODE		литиг.	Y AVERA		01/17/03
MOP024 PLUMAS COUNTY	SUMMARY OF SERVI	ICES FOR IN HOME				MC			.GE -	01/17/03
MOP024		ICES FOR IN HOME UNITS OF SERVICE			AVERAGE COST	MC UNITS/DAYS	s co	ST PER	.GE -	01/17/03  COST PER
MOP024 PLUMAS COUNTY  264 ELIGIBLES	SUMMARY OF SERVI	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MO UNITS/DAYS PER ELIG	S CO	ST PER USER	.GE - C	01/17/03  COST PER ELIGIBLE
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVE USERS 46	UNITS OF SERVICE OR DAYS OF CARE 266		EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ 59.20	MC UNITS/DAYS PER ELIG 1.008	S CO:	ST PER USER 342.31	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVI	UNITS OF SERVICE OR DAYS OF CARE 266 28		EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ 59.20	MC UNITS/DAYS PER ELIG 1.008	\$ CO: \$ :	ST PER USER 342.31 214.67	.GE - ( E \$	01/17/03  COST PER ELIGIBLE 59.65 41.41
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVE USERS 46 9 1	UNITS OF SERVICE OR DAYS OF CARE 266 28 3		EXPENDITURES 15,746.34 10,932.06 4,755.00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00	MC UNITS/DAYS PER ELIG 1.008 .106 .011	\$ CO: \$ :	ST PER USER 342.31 214.67 755.00	.GE - ( E \$	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVE USERS 46	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0		EXPENDITURES 15,746.34 10,932.06 4,755.00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000	\$ CO: \$ :	ST PER USER 342.31 214.67 755.00	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65 41.41 18.01 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVE USERS 46 9 1 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0		EXPENDITURES 15,746.34 10,932.06 4,755.00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000	\$ CO: \$ :	ST PER USER 342.31 214.67 755.00 .00	.GE - ( E \$	01/17/03 
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVE USERS 46 9 1 0 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000	\$ CO: \$ :	ST PER USER 342.31 214.67 755.00 .00 .00	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVE USERS 46 9 1 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000	\$ CO: \$ :	ST PER USER 342.31 214.67 755.00 .00 .00	.GE - ( E \$	01/17/03 
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVE USERS 46 9 1 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000	\$ CO: \$ :	ST PER USER 342.31 214.67 755.00 .00 .00	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVE USERS 46 9 1 0 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000	\$ COS \$ 1 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00	.GE - ( E \$	01/17/03 
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVE USERS 46 9 1 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000	\$ COS \$ 1 4	ST PER USER 342.31 214.67 755.00 .00 .00	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVE USERS 46 9 1 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000	\$ COS \$ 1 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVE USERS 46 9 1 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 25		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COS \$ 1	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00	.GE - ( E \$	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVE USERS  46 9 1 0 0 0 0 0 0 40	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 25 0 238		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COS \$ 1	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00	.GE - ( E \$	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS  46 9 1 0 0 0 0 0 40 7	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 25 0 238 8		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 4,814.28 404.07	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COS 11 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .100 .1
MOP024 PLUMAS COUNTY  264 ELIGIBLES  GCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS  46 9 1 0 0 0 0 0 40 7 2	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 25 0 238 8 3		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 4,814.28 404.07 719.92	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COS 11 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .100 .00 .
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVE USERS  46 9 1 0 0 0 0 0 40 7 2 9	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 25 0 238 8 3 27		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 4,814.28 404.07 719.92 176.89	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 .00 .247.08 .00 2247.08 .00 2350.51 239.97 6.55	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COS 11 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .100 .00 .
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVE USERS  46 9 1 0 0 0 0 0 40 7 2 9 2	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0 25 0 238 8 3 27		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 4,814.28 404.07 719.92 176.89 137.65	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 .00 .247.08 .00 .247.08 .00 .20.23 .50.51 .239.97 .6.55 .45.88	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COS 11 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0	.GE - ( E \$	01/17/03 COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .100 .00 .
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVE USERS  46 9 1 0 0 0 0 0 40 7 2 9 2 6	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0 25 0 238 8 3 27 3 11		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 .247.08 .00 .247.08 .00 .247.08 .50.51 .239.97 .6.55 .45.88 .57.65	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COS 11 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - ( E \$	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS  46 9 1 0 0 0 0 0 0 40 7 2 9 2 6 31	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0 25 0 238 8 3 27 3 11 186	\$	EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 .00 247.08 .00 247.08 .00 2247.08 .50.51 239.97 6.55 45.88 57.65 14.74	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ :: 1: 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS  46 9 1 0 0 0 0 0 0 40 7 2 9 2 6 31 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0 25 0 238 8 3 27 3 11 186 0		EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 .00 4,814.28 404.07 719.92 176.89 137.65 634.20 2,741.55 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 247.08 .00 247.08 .00 2247.08 .50.51 239.97 6.55 45.88 57.65 14.74 \$ .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ :: 1: 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - ( E \$	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE USERS  46 9 1 0 0 0 0 0 40 7 2 9 2 6 31 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0 25 0 238 8 3 27 3 11 186 0 0	\$	EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 .00 4,814.28 404.07 719.92 176.89 137.65 634.20 2,741.55 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 247.08 .00 2247.08 .00 2247.08 .50.51 239.97 6.55 45.88 57.65 14.74 \$ .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ :: 1: 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS  46 9 1 0 0 0 0 0 0 40 7 2 9 2 6 31 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0 25 0 238 8 3 27 3 11 186 0 0 0	\$	EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 .00 4,814.28 404.07 719.92 176.89 137.65 634.20 2,741.55 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 247.08 .00 247.08 .00 2247.08 .50.51 239.97 6.55 45.88 57.65 14.74 \$ .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COO 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CF F F	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS  46 9 1 0 0 0 0 0 0 0 40 7 2 9 2 6 31 0 0 0 13	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0 25 0 238 8 3 27 3 11 186 0 0 0 444	\$	EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 6,177.06 .00 4,814.28 404.07 719.92 176.89 137.65 634.20 2,741.55 .00 .00 .00 .88,577.22	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 247.08 .00 247.08 .00 2247.08 .00 247.88 .50.51 239.97 6.55 45.88 57.65 14.74 \$ .00 .00 .00 \$ 199.50	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COO 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CF F F	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  264 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS  46 9 1 0 0 0 0 0 0 40 7 2 9 2 6 31 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 266 28 3 0 0 0 0 0 25 0 238 8 3 27 3 11 186 0 0 0	\$	EXPENDITURES  15,746.34 10,932.06 4,755.00 .00 .00 .00 .00 .00 .00 .00 .00 4,814.28 404.07 719.92 176.89 137.65 634.20 2,741.55 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 59.20 390.43 1585.00 .00 .00 .00 .00 .00 .00 247.08 .00 247.08 .00 2247.08 .50.51 239.97 6.55 45.88 57.65 14.74 \$ .00 .00 .00 .00	MC UNITS/DAYS PER ELIG 1.008 .106 .011 .000 .000 .000 .000 .000 .000	\$ COO 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ST PER USER 342.31 214.67 755.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CF F F	01/17/03  COST PER ELIGIBLE 59.65 41.41 18.01 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	13	444		88,577.22		199.50	1.682		6813.63		335.52
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	20	\$	521.83	\$	26.09	.076	\$	86.97	\$	1.98
PATHOLOGY	6	20		521.83		26.09	.076		86.97		1.98
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	80	158	\$	11,926.33	\$	75.48	.598	\$	149.08	\$	45.18
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	80	158		11,926.33		75.48	.598		149.08		45.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUE	RES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 20	02 THRU	DEC	2002	PI	AGE 9,492
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	IN HOME	E SUPPORT	- DISABLED		AID CODE 6	8				

----- MONTHLY AVERAGE -----264 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .602 .042 .00 .000 .00 .000 19.75 .148 .00 .000 .00 .000 19.75 .148 2 .00 .000 .00 .000 @ALL OTHER PROVIDERS 159 \$ 6,527.98 \$ 41.06 .602 \$ 192.00 \$ 24.73 34 11 3,700.96 925.24 DURABLE MED. EQUIP. 4 14.02 BLOOD BANK 0 0 .00 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .00 770.22 MEDICAL TRANSPORTATION 256.74 AMBULANCES/AIR TRANS 0 .00 .00 .00 Ω .00 .00 .00 OTHER TRANS 770.22 256.74 2.92 OTHER SERVICES ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 25 379.64 15.19 .095 42.18 1.44 PHYSICAL THERAPIST 545.77 14.75 .140 109.15 2.07 .00 .00 .000 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00

ALL OTHER PROVIDERS	15	47	1,131.39	24.07	.178	75.43	4.29
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	78	533	\$ 11,383.77	\$ 21.36	2.019	\$ 145.95	\$ 43.12

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,493
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	SOLUTION OF SERVICES FOR THE HOLE SOLITON.				MONTHLY AVERAGE								
654 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER		COST PER		
		OR DAYS OF CAR	€		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE		
@TOTAL, ALL PROVIDERS	567	7,102	\$	387,908.46	\$	54.62	10.859	\$	684.14	\$	593.13		
@PHYSICIANS SERVICES	84	284	\$	5,937.96	\$	20.91	.434	\$	70.69	\$	9.08		
OUTPATIENT VISITS	7	10		304.40		30.44	.015		43.49		.47		
OFFICE VISITS	6	9		274.40		30.49	.014		45.73		.42		
HOME VISITS	0	0		.00		.00	.000		.00		.00		
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00		
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00		
OTHER OUTPATIENT	1	1		30.00		30.00	.002		30.00		.05		
INPATIENT VISITS	1	3		155.70		51.90	.005		155.70		.24		
HOSPITAL VISITS	1	3		155.70		51.90	.005		155.70		.24		
CRITICAL CARE	0	0		.00		.00	.000		.00		.00		
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00		
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00		
EXAMINATIONS	0	0		.00		.00	.000		.00		.00		
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00		
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00		
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00		
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00		
OUTPATIENT SURGERY	2	11		684.95		62.27	.017		342.48		1.05		
PRINCIPAL SURGEON	2	2		495.53		247.77	.003		247.77		.76		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00		
ANESTHESIOLOGIST	1	9		189.42		21.05	.014		189.42		.29		
DIALYSIS	0	0		.00		.00	.000		.00		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		.00		
RADIOLOGY	3	4		104.38		26.10	.006		34.79		.16		
PSYCHIATRY	0	0		.00		.00	.000		.00		.00		
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00		
OTHER SERVICES/ALL X-OVERS	73	256		4,688.53		18.31	.391		64.23		7.17		
@ PHARMACY	475	4,025	\$	152,353.41	\$	37.85	6.154	\$	320.74	\$	232.96		
PRESCRIPTION DRUGS	461	1,853		147,066.85		79.37	2.833		319.02		224.87		
SNF/ICF	29	128		8,816.82		68.88	.196		304.03		13.48		
OUTPATIENTS	434	1,725		138,250.03		80.14	2.638		318.55		211.39		
MEDICAL SUPPLIES	56	2,172		5 <b>,</b> 286.56		2.43	3.321		94.40		8.08		
@DENTIST	5	10	\$	510.00	\$	51.00	.015	\$	102.00	\$	.78		
VISITS - DIAGNOSTIC	4	5		100.00		20.00	.008		25.00		.15		
ORAL SURGERY	1	1		85.00		85.00	.002		85.00		.13		
DRUGS	0	0		.00		.00	.000		.00		.00		
ANESTHESIA	0	0		.00		.00	.000		.00		.00		
PERIODONTICS	1	1		.00		.00	.002		.00		.00		
ENDODONTICS	0	0		.00		.00	.000		.00		.00		
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00		
PROSTHETICS	0	0		.00		.00	.000		.00		.00		

DENTURES, STAYPLATES	2	3	325.00	108.33	.005	162.50		.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE	9,494
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/	/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUP	PORT					
					Mo	NTHIY AVERAG	E	

						M	ON'	THLY AVERA	.GE	
654 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	35	95	\$ 2,586.23	\$	27.22	.145	\$	73.89	\$	3.95
DIAGNOSTIC AND ANC. PROCED	6	6	269.13		44.86	.009		44.86		.41
EYE APPLIANCES	25	72	2,115.86		29.39	.110		84.63		3.24
OTHER OPTOMETRIC SERVICES	10	17	201.24		11.84	.026		20.12		.31
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	4	5	\$ 60.63	\$	12.13	.008	\$	15.16	\$	.09
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	4	5	60.63		12.13	.008		15.16		.09
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	10	\$ 3.90	\$	.39	.015	\$	3.90	\$	.01
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	130	741	\$ 29,490.44	\$	39.80	1.133	\$	226.85	\$	45.09
HOSP INPATIENT TOTAL	20	80	19,824.06		247.80	.122		991.20		30.31
HSC HOSPITALS	1	3	4,755.00		1585.00	.005		4755.00		7.27

NON-HSC HOSFITAL TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE         0         0         .00
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
INPATIENT CROSSOVERS   19
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
HOSP OUTPATIENT TOTAL 116 661 9,666.38 14.62 1.011 83.33 14.78 MEDICAL 7 8 404.07 50.51 .012 57.72 .62 SURGERY 2 3 719.92 239.97 .005 359.96 1.10 PATHOLOGY 9 27 176.89 6.55 .041 19.65 .27 RADIOLOGY 2 3 137.65 45.88 .005 68.83 .21 ROOM USE 6 11 634.20 57.65 .017 105.70 .97 CROSSOVERS/ALL OTH OUTPTNT 107 609 7,593.65 12.47 .931 70.97 11.61 @COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 \$ .00 \$ .00 CO HOSPITAL INPATIENT TOTAL 0 0 0 \$ .00 .00 .00 .00
MEDICAL         7         8         404.07         50.51         .012         57.72         .62           SURGERY         2         3         719.92         239.97         .005         359.96         1.10           PATHOLOGY         9         27         176.89         6.55         .041         19.65         .27           RADIOLOGY         2         3         137.65         45.88         .005         68.83         .21           ROOM USE         6         11         634.20         57.65         .017         105.70         .97           CROSSOVERS/ALL OTH OUTPTNT         107         609         7,593.65         12.47         .931         70.97         11.61           @COUNTY HOSPITAL TOTAL         0         \$         .00         \$         .00         .00         \$         .00         \$           CO HOSPITAL INPATIENT TOTAL         0         0         .00         .00         .00         .00         .00         .00
SURGERY         2         3         719.92         239.97         .005         359.96         1.10           PATHOLOGY         9         27         176.89         6.55         .041         19.65         .27           RADIOLOGY         2         3         137.65         45.88         .005         68.83         .21           ROOM USE         6         11         634.20         57.65         .017         105.70         .97           CROSSOVERS/ALL OTH OUTPTNT         107         609         7,593.65         12.47         .931         70.97         11.61           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00
PATHOLOGY         9         27         176.89         6.55         .041         19.65         .27           RADIOLOGY         2         3         137.65         45.88         .005         68.83         .21           ROOM USE         6         11         634.20         57.65         .017         105.70         .97           CROSSOVERS/ALL OTH OUTPINT         107         609         7,593.65         12.47         .931         70.97         11.61           @COUNTY HOSPITAL TOTAL         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00 </td
RADIOLOGY     2     3     137.65     45.88     .005     68.83     .21       ROOM USE     6     11     634.20     57.65     .017     105.70     .97       CROSSOVERS/ALL OTH OUTPINT     107     609     7,593.65     12.47     .931     70.97     11.61       @COUNTY HOSPITAL TOTAL     0     0     \$     .00     \$     .00     \$     .00     \$     .00       CO HOSPITAL INPATIENT TOTAL     0     0     .00     .00     .00     .00     .00     .00
ROOM USE       6       11       634.20       57.65       .017       105.70       .97         CROSSOVERS/ALL OTH OUTPINT       107       609       7,593.65       12.47       .931       70.97       11.61         @COUNTY HOSPITAL TOTAL       0       0       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00
CROSSOVERS/ALL OTH OUTPTNT 107 609 7,593.65 12.47 .931 70.97 11.61 @COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00
@COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00<
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00
MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,495
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

AVERAGE COST UNITS/DAYS COST PER 654 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 130 741 29,490.44 \$ 39.80 1.133 \$ 226.85 \$ 45.09 COMM HOSP INPATIENT TOTAL 20 80 19,824.06 247.80 .122 991.20 30.31 HSC HOSPITALS 1 4,755.00 1585.00 .005 4755.00 7.27 NON-HSC HOSPITALS TOTAL 0 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 19 77 15,069.06 195.70 .118 793.11 23.04 0 0 .000 .00 .00 ALL OTHER INPATIENT .00 .00 COMM HOSP OUTPATIENT TOTAL 116 661 9,666.38 1.011 83.33 14.78 14.62 7 8 .012 404.07 50.51 57.72 .62 MEDICAL 2 3 239.97 SURGERY 719.92 .005 359.96 1.10 27 PATHOLOGY 176.89 6.55 .041 19.65 .27 3 .005 RADIOLOGY 137.65 45.88 68.83 .21

634.20

57.65

.017

ROOM USE

----- MONTHLY AVERAGE -----

105.70

CROSSOVERS/INEE CIN COLLINI	101	003		,,000.00		12.	• 55 ±		, 0 • 5 ,		T T • O T	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00	
@NURSING FACILITY	33	917	Ś	161,904.91	Ś	176.56	1.402	Ś	4906.21	Ś	247.56	
LEV A-INTERMEDIATE	0	0	'	.00		.00	.000		.00		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	· ·	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
		917		161,904.91		176.56	1.402		4906.21		247.56	
LEV B-REGULAR	33 0		ċ		Ċ			<u>~</u>		ċ		
@INTERMEDIATE CARE FACILDD		0	\$	.00	\$	.00	.000	Þ	.00	Ş	.00	
ICF DDH	0	0		.00		.00	.000		.00		.00	
ICF DD	0	0		.00		.00	.000		.00		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	10	25	\$	549.22	\$	21.97	.038	\$	54.92	\$	.84	
PATHOLOGY	7	21		531.94		25.33	.032		75.99		.81	
XO AND OTHERS	3	4		17.28		4.32	.006		5.76		.03	
@ORGANIZED OUTPATIENT CLINIC	187	348	\$	21,023.78	\$	60.41	.532	\$	112.43	\$	32.15	
CLINIC	0	0		.00		.00	.000		.00		.00	
SURGICENTER	1	1		3.33		3.33	.002		3.33		.01	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	186	347		21,020.45		60.58	.531		113.01		32.14	
#CALIF DEPT OF HEALTH SERV			ES N	ONTH-OF-PAYMENT RE	EPORT			)F.C		P	AGE 9,496	
MOP024	FEE-FOR-SERVICE				DI 01(1	1010 01110 2	1002 111110 1		2002	-	01/17/03	
PLUMAS COUNTY		ICES FOR IN HOME	SUF	PPORT							01/1//00	
12012.0 0001.11	001111111111111111111111111111111111111	1020 1011 111 11011		1 01(1			MC	ТИС	HLY AVERA	GE		
654 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS				COST PER	
001 221013220	0021.0	OR DAYS OF CARE		2111 211 2 1 0 1 1 2 0			PER ELIG		USER		ELIGIBLE	
@ALL OTHER PROVIDERS	96	642	\$	13,487.98	\$		.982	Ś			20.62	
DURABLE MED. EQUIP.	7	15	т	3,905.33	т.	260.36	.023	т.	557.90	т.	5.97	
BLOOD BANK	0	0		.00		.00	.000		.00		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00	
MEDICAL TRANSPORTATION	15	351		3,309.75		9.43	.537		220.65		5.06	
AMBULANCES/AIR TRANS	2	161		807.18		5.01	.246		403.59		1.23	
OTHER TRANS	0	0		.00		.00	.000		.00		.00	
OTHER TRANS	14	190		2,502.57		13.17	.291		178.76		3.83	
	0	190		•								
ACUPUNCTURE	0	•		.00		.00	.000		.00		.00	
ADULT DAY HEALTH CARE CTR	•	0		.00		.00	.000		.00		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	2	17		657.97		38.70	.026		328.99		1.01	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00	
OPTICIAN	21	50		671.05		13.42	.076		31.95		1.03	
PHYSICAL THERAPIST	5	37		545.77		14.75	.057		109.15		.83	
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00	
DDOGMIEMICG	0	0		0.0		0.0	0.00		0.0		0.0	

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CROSSOVERS/ALL OTH OUTPINT

PROSTHETICS

SPEECH AND AUDIOLOGY

ORTHOTICS

PSYCHOLOGIST

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7,593.65 12.47

.931

70.97

HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.0	0	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	51	172	4,398.11	25.57	.263	86.2	4	6.72
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .0	0 \$	.00
@XOVER EXCLUDING STATE HOSP**	233	1,510	\$ 43,682.23	\$ 28.93	2.309	\$ 187.4	8 \$	66.79

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,497
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR PUBLIC AS	SSIS	STANCE - AGED							
							MO			-	
1,713 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(	COST PER		COST PER
amomai all provincero	1 400	OR DAYS OF CARE	÷	EOC 0E0 00		UNIT/DAY	PER ELIG	Ċ	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,406	•	\$	586,052.88	\$	34.82	9.827		416.82		342.12
@PHYSICIANS SERVICES	203		\$	11,780.21	\$	18.85	.365	Ş	58.03	\$	6.88
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	4	8		412.10		51.51	.005		103.03		.24
HOSPITAL VISITS	4	8		412.10		51.51	.005		103.03		.24
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		39.89		19.95	.001		39.89		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	202	615		11,328.22		18.42	.359		56.08		6.61
@PHARMACY	1,211	10,269	\$	297,636.14	\$	28.98	5.995	\$	245.78	\$	173.75
PRESCRIPTION DRUGS	1,193	4,173		289,468.56	·	69.37	2.436		242.64	·	168.98
SNF/ICF	47	205		11,825.30		57.68	.120		251.60		6.90
OUTPATIENTS	1,152	3,968		277,643.26		69.97	2.316		241.01		162.08
MEDICAL SUPPLIES	83	6,096		8,167.58		1.34	3.559		98.40		4.77
@DENTIST	8	24	Ś	1,142.00	\$	47.58	.014	Ś	142.75	Ś	.67
VISITS - DIAGNOSTIC	6	8	'	230.00	т	28.75	.005		38.33	т.	.13
ORAL SURGERY	1	5		197.00		39.40	.003		197.00		.12
Claim Concent	-	J.		137.00		33.10	• • • • •		±37.00		•

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.001	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	7	390.00	55.71	.004	130.00	.23
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	325.00	108.33	.002	162.50	.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	ES MONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,498
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC A	ASSISTANCE - AGED				
					MOI	NTHLY AVERAC	E
1,713 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	70	167	\$ 3,704.54	\$ 22.18	.097	•	•
DIAGNOSTIC AND ANC. PROCED	9	9	279.17	31.02	.005	31.02	.16

1,713 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7. 7.	ERAGE COST		CIVI		ОП	COST PER
1,713 EDIGIBLES	ONLING	OR DAYS OF CARE		EXFENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	70	167	\$	3,704.54	\$		.097		52.92		2.16
DIAGNOSTIC AND ANC. PROCED	9	9	Ÿ	279.17	Y	31.02	.005	Y	31.02	Y	.16
EYE APPLIANCES	43	114		2,711.51		23.79	.067		63.06		1.58
OTHER OPTOMETRIC SERVICES	27	44		713.86		16.22	.026		26.44		.42
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ċ	.00	ċ	.00
VISITS	0	0	Ą	.00	۲	.00	.000	۲	.00	۲	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	12	\$	267.31	\$	22.28	.007	Ċ	26.73	ċ	.16
MEDICINE/INJECTIONS	0	0	Ą	.00	۲	.00	.007	۲	.00	۲	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00					.00
RADIO./PATHOLOGY	10						.000		.00		
OTHER	10	12	Ċ	267.31	<u>_</u>	22.28	.007	Ċ	26.73	ċ	.16
@HOME HEALTH AGENCY	2	36	\$	673.74	\$	74.86	.005		673.74		.39
NURSE ANESTHESIST	2		\$	63.23	\$	1.76	.021		31.62	\$	.04
NURSE MIDWIFE	0	0	Ş	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ş		\$	.00	.000		.00		.00
@TOTAL HOSPITAL	291	1,882	Ş	66,919.58	Ş		1.099	Ş	229.96	Ş	39.07
HOSP INPATIENT TOTAL	44	183		50,020.70		273.34	.107		1136.83		29.20
HSC HOSPITALS	1	1		1,114.88		1114.88	.001		1114.88		.65
NON-HSC HOSPITAL TOTAL	4	9		19,209.46		2134.38	.005		4802.37		11.21
ACCOMMODATIONS	4	9		4,020.17		446.69	.005		1005.04		2.35
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	9		4,020.17		446.69	.005		1005.04		2.35
ANCILLARIES	4	0		15,189.29		.00	.000		3797.32		8.87
INPATIENT CROSSOVERS	39	173		29,696.36		171.66	.101		761.45		17.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	264	1,699		16,898.88		9.95	.992		64.01		9.87
MEDICAL	1	3		118.72		39.57	.002		118.72		.07
SURGERY	1	1		13.00		13.00	.001		13.00		.01
PATHOLOGY	2	3		54.83		18.28	.002		27.42		.03
RADIOLOGY	1	1		35.75		35.75	.001		35.75		.02
ROOM USE	2	2		63.61		31.81	.001		31.81		.04
CROSSOVERS/ALL OTH OUTPTNT	262	1,689		16,612.97		9.84	.986		63.41		9.70
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 9,499
MOP024	FEE-FOR-SERVICE/I						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICE	CES FOR PUBLIC ASSIS	TANCE - AGED				
					MONT		
1,713 ELIGIBLES		JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	291	1,882 \$	66,919.58	\$ 35.56	1.099 \$		•
COMM HOSP INPATIENT TOTAL	4 4	183	50,020.70	273.34	.107	1136.83	29.20
HSC HOSPITALS	1	1	1,114.88	1114.88	.001	1114.88	.65
NON-HSC HOSPITALS TOTAL	4	9	19,209.46	2134.38	.005	4802.37	11.21
ACCOMMODATIONS	4	9	4,020.17	446.69	.005	1005.04	2.35
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	9	4,020.17	446.69	.005	1005.04	2.35
ANCILLARIES	4	0	15,189.29	.00	.000	3797.32	8.87
INPATIENT CROSSOVERS ALL OTHER INPATIENT	39	173	29,696.36	171.66	.101	761.45	17.34
	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	264	1,699		16,898.88		9.95	.992		64.01		9.87
MEDICAL	204	•		118.72		39.57	.002		118.72		.07
	1	3		13.00		13.00	.002		13.00		
SURGERY	1	Τ.									.01
PATHOLOGY	<u> </u>	3		54.83		18.28	.002		27.42		.03
RADIOLOGY	1	Τ		35.75		35.75	.001		35.75		.02
ROOM USE	2	1 600		63.61		31.81	.001		31.81		.04
CROSSOVERS/ALL OTH OUTPTNT		1,689	_	16,612.97	_	9.84	.986	_	63.41	_	9.70
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	45	758	\$	143,436.46	\$	189.23	.442	\$		\$	83.73
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	45	758		143,436.46		189.23	.442		3187.48		83.73
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	·	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	5	\$	27.39	\$	5.48	.003	Ś	6.85	Ś	.02
PATHOLOGY	1	1		10.11	•	10.11	.001		10.11		.01
XO AND OTHERS	3	4		17.28		4.32	.002		5.76		.01
@ORGANIZED OUTPATIENT CLINIC	463	754	\$	43,043.47	Ś	57.09	.440	Ś	92.97	Ś	25.13
CLINIC	1	2	т	214.01	4	107.01	.001	т.	214.01	7	.12
SURGICENTER	1	1		3.33		3.33	.001		3.33		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	461	751		42,826.13		57.03	.438		92.90		25.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX		י סשסוזי	•	Z D O D T			חבר		D7	AGE 9,500
MOP024	FEE-FOR-SERVICE/DENTAL	للل ۱۷۱۷ ت	ا لاشکان.	TOWIN OF TAIRBINI M	O1/1	L LOIN DAIN	2002 11110		2002	1.7	01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	ד דמוזם	.C 766	TSTANCE - ACED							01/11/03
LIGINO COUNTI	SOUTHWIT OF SERVICES FOR	LODLI	.c Ass	ISTANCE - AGED			M		TIA VILLOV	CF -	
							[v]	ONT	пыі Ауска	.GE -	

1,713 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	188	2 <b>,</b> 292 \$	17,358.81	\$ 7.57	1.338 \$	92.33	\$ 10.13
DURABLE MED. EQUIP.	5	9	1,727.47	191.94	.005	345.49	1.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	742	5,505.05	7.42	.433	229.38	3.21
AMBULANCES/AIR TRANS	4	270	1,552.36	5.75	.158	388.09	.91
OTHER TRANS	4	209	352.63	1.69	.122	88.16	.21
OTHER SERVICES	18	263	3,600.06	13.69	.154	200.00	2.10
ACUPUNCTURE	3	6	97.32	16.22	.004	32.44	.06
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	17	657.97	38.70	.010	328.99	.38
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	42	92	1,144.04	12.44	.054	27.24	.67
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	58.00	29.00	.001	58.00	.03
PROSTHETICS	1	2	58.00	29.00	.001	58.00	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	118	1,424	8,168.96	5.74	.831	69.23	4.77
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	557	3,279	\$ 100,818.64	\$ 30.75	1.914	\$ 181.00	\$ 58.86

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,501 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

FLOMAS COUNTI	SUMMAKI OF SEK	VICES FOR FUBLIC A	SOI	SIANCE - BLIND		3.6	~ » - m		~=	
000					 	MO				
202 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	3	COST PER		COST PER
_		OR DAYS OF CARE			UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	147	17,713	Ş	89,052.60	\$ 5.03	87.688		605.80		440.85
@PHYSICIANS SERVICES	26	40	Ş	2,139.56	\$ 53.49	.198	Ş	82.29	\$	10.59
OUTPATIENT VISITS	12	12		615.21	51.27	.059		51.27		3.05
OFFICE VISITS	8	8		439.82	54.98	.040		54.98		2.18
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	2	2		108.73	54.37	.010		54.37		.54
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	2	2		66.66	33.33	.010		33.33		.33
INPATIENT VISITS	0	0		.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	3	9		821.12	91.24	.045		273.71		4.06
PRINCIPAL SURGEON	3	4		659.72	164.93	.020		219.91		3.27
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		161.40	32.28	.025		161.40		.80
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	3	3		71.37	23.79	.015		23.79		.35
RADIOLOGY	10	11		534.52	48.59	.054		53.45		2.65
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	5		97.34	19.47	.025		24.34		.48
@PHARMACY	103	447	\$	36,588.68	\$ 81.85	2.213	\$	355.23	\$	181.13
PRESCRIPTION DRUGS	103	413		34,090.75	82.54	2.045		330.98		168.77

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	103	413	34,090.75	82.54	2.045	330.98	168.77
MEDICAL SUPPLIES	6	34	2,497.93	73.47	.168	416.32	12.37
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,502
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

FLOMAS COUNTI	SUMMARI OF SERV	VICES FOR	FUBLIC F	400T	STANCE - BLIND			3.6	<b>○ 3.</b> T. FT		CΠ.	
202 FLIGTPLES	HODDO	IDITED OF	CEDITOR			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	TD 2 CE CO CE	M			.GE	
202 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ERAGE COST	,	-	COST PER		COST PER
•		OR DAYS	OF CARE	_			R UNIT/DAY	_		USER		ELIGIBLE
@OPTOMETRIST	15		29	\$	4,409.71	\$	152.06	.144	Ş	293.98	\$	
DIAGNOSTIC AND ANC. PROCED	8		8		398.46		49.81	.040		49.81		1.97
EYE APPLIANCES	10		17		3,940.43		231.79	.084		394.04		19.51
OTHER OPTOMETRIC SERVICES	3		4		70.82		17.71	.020		23.61		.35
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	33		163	\$	14,350.02	\$	88.04	.807	\$	434.85	\$	71.04
HOSP INPATIENT TOTAL	1		3		5,700.00		1900.00	.015		5700.00		28.22
HSC HOSPITALS	1		3		5,700.00		1900.00	.015		5700.00		28.22
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	33		160		8,650.02		54.06	.792		262.12		42.82
MEDICAL	9		19		916.84		48.25	.094		101.87		4.54
SURGERY	3		3		222.82		74.27	.015		74.27		1.10
PATHOLOGY	10		53		793.02		14.96	.262		79.30		3.93

RADIOLOGY	11	19	2,829.55	148.92	.094	257.23	14.01
ROOM USE	19	28	1,281.38	45.76	.139	67.44	6.34
CROSSOVERS/ALL OTH OUTPTNT	14	38	2,606.41	68.59	.188	186.17	12.90
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,503
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	PUBLIC ASS	SISTANCE - BLIND				

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 33 163 \$ 14,350.02 \$ 88.04 .807 \$ 434.85 \$ 71.04 1 3 COMM HOSP INPATIENT TOTAL 28.22 HSC HOSPITALS 28.22 0 NON-HSC HOSPITALS TOTAL .00 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 ALL OTHER ACCOM .00 .00 ANCILLARIES .00 INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 160 42.82 19 MEDICAL 4.54 3 3 SURGERY 1.10 PATHOLOGY 10 53 RADIOLOGY 11 19 14.01 28 ROOM USE 19 6.34 38 12.90 CROSSOVERS/ALL OTH OUTPINT 0 .00 \$ @STATE HOSPITAL 0 .00 0 0 MENTALLY ILL .00 DEVELOP. DISABLED .00 3,202.50 \$ 213.50 @NURSING FACILITY 15 .074 \$ 3202.50 \$ 15.85 0 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 0 .00 .00 LEV B-SUBACUTE FREESTANDING .000 0 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 3,202.50 LEV B-REGULAR 15 213.50 .074 3202.50 15.85 @INTERMEDIATE CARE FACIL.-DD .00 \$ .00 .000 \$ .00 \$ .00

ICF DDH	Λ	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	6	Ś	5,232.76	Ś	872.13	.030	Ś	1046.55	Ś	25.90
HOSPITAL BASED	0	0	Ψ.	.00	Ψ	.00	.000	Υ	.00	Υ	.00
HEMODIALYSIS CENTER	5	6		5 <b>,</b> 232.76		872.13	.030		1046.55		25.90
@REHABILITATION FACILITY	2	5	Ś	236.15	\$	47.23	.025	Ś	118.08	Ś	1.17
HOSPITAL BASED	2	5	т	236.15	Τ	47.23	.025	Τ.	118.08	Τ	1.17
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	8	Ś	107.01	\$	13.38	.040	\$	53.51	Ś	.53
PATHOLOGY	2	8	т	107.01	Τ	13.38	.040	Τ.	53.51	Τ	.53
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	56	111	\$	8,443.51	\$	76.07	.550	Ś	150.78	Ś	41.80
CLINIC	0	0	т	.00	Τ	.00	.000	Τ.	.00	Τ	.00
SURGICENTER	1	1		21.66		21.66	.005		21.66		.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	55	110		8,421.85		76.56	.545		153.12		41.69
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT R	EPOR'			DEC		P7	AGE 9,504
MOP024	FEE-FOR-SERVICE/I										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICE		ASSI	ISTANCE - BLIND							
							Mo	ТИС	HLY AVERA	GE -	
202 ELIGIBLES	USERS U	NITS OF SERVICE	E.	EXPENDITURES	AV)	ERAGE COST			COST PER	-	COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	38	16,889	\$	14,342.70	\$	.85	83.609		377.44		71.00
DURABLE MED. EQUIP.	3	9	·	6,941.25	·	771.25	.045	•	2313.75		34.36
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
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0 0 0

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	2	6	56.96	9.49	.030	2	28.48	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	1	2	500.00	250.00	.010	50	00.00	2.48
PROSTHETICS	1	2	500.00	250.00	.010	50	00.00	2.48
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	20	267	3,572.21	13.38	1.322	1	78.61	17.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	22	16,605	3,272.28	.20	82.203	1	18.74	16.20
@CALIF. CHILDREN SERVICES*	16	85	\$ 27,434.45	\$ 322.76	.421	\$ 173	L4.65	\$ 135.81
@XOVER EXCLUDING STATE HOSP**	14	28	\$ 5,489.31	\$ 196.05	.139	\$ 39	92.09	\$ 27.17

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,505 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MOI	NTHLY AVERA	GE
7,332 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,913	98,964 \$	4,122,858.69	\$ 41.66	13.498	\$ 697.25	
@PHYSICIANS SERVICES	1,188	3,580 \$	121,645.01	\$ 33.98	.488	\$ 102.39	\$ 16.59
OUTPATIENT VISITS	278	349	13,585.90	38.93	.048	48.87	1.85
OFFICE VISITS	204	244	8,988.87	36.84	.033	44.06	1.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	49	58	3,110.15	53.62	.008	63.47	.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	4	243.44	60.86	.001	81.15	.03
OTHER OUTPATIENT	42	43	1,243.44	28.92	.006	29.61	.17
INPATIENT VISITS	89	349	19,292.30	55.28	.048	216.77	2.63
HOSPITAL VISITS	86	311	14,726.91	47.35	.042	171.24	2.01
CRITICAL CARE	9	36	4,500.09	125.00	.005	500.01	.61
SNF/ICF/TRANS IP CARE	2	2	65.30	32.65	.000	32.65	.01
OPHTHALMOLOGICAL SERVICES	9	9	406.15	45.13	.001	45.13	.06
EXAMINATIONS	9	9	406.15	45.13	.001	45.13	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	163	20,257.02	124.28	.022	653.45	2.76
PRINCIPAL SURGEON	22	40	16,563.39	414.08	.005	752.88	2.26
ASSISTANT SURGEON	4	4	1,048.01	262.00	.001	262.00	.14
ANESTHESIOLOGIST	9	119	2,645.62	22.23	.016	293.96	.36
OUTPATIENT SURGERY	62	161	16,133.94	100.21	.022	260.22	2.20
PRINCIPAL SURGEON	54	70	13,778.21	196.83	.010	255.15	1.88
ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	.02
ANESTHESIOLOGIST	13	90	2,220.96	24.68	.012	170.84	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	97	163	5,076.99	31.15	.022	52.34	.69

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	430	704		19,469.10		27.65	.096		45.28		2.66
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	15	93		939.93		10.11	.013		62.66		.13
OTHER SERVICES/ALL X-OVERS	510	1,589		26,483.68		16.67	.217		51.93		3.61
@PHARMACY	5,012	33 <b>,</b> 562	\$	2,066,389.70	\$	61.57	4.577	\$	412.29	\$	281.83
PRESCRIPTION DRUGS	4,980	22,526		2,034,152.44		90.30	3.072		408.46		277.43
SNF/ICF	30	245		13,685.12		55.86	.033		456.17		1.87
OUTPATIENTS	4,954	22,281		2,020,467.32		90.68	3.039		407.85		275.57
MEDICAL SUPPLIES	283	11,036		32,237.26		2.92	1.505		113.91		4.40
@DENTIST	76	356	\$	15,009.84	\$	42.16	.049	\$	197.50	\$	2.05
VISITS - DIAGNOSTIC	51	190		3,234.34		17.02	.026		63.42		.44
ORAL SURGERY	14	54		2,764.00		51.19	.007		197.43		.38
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	6	6		600.00		100.00	.001		100.00		.08
PERIODONTICS	2	2		400.00		200.00	.000		200.00		.05
ENDODONTICS	7	7		1,606.00		229.43	.001		229.43		.22
RESTORATIVE DENTISTRY	18	56		4,685.00		83.66	.008		260.28		.64
PROSTHETICS	3	3		60.00		20.00	.000		20.00		.01
DENTURES, STAYPLATES	3	10		333.00		33.30	.001		111.00		.05
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	11	25		1,327.50		53.10	.003		120.68		.18
ALL OTHER SERVICES	2	2		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 9,506
MOP024	FEE-FOR-SERVICE/DENTA	ĄL									01/17/03

----- MONTHLY AVERAGE -----

3046.87

5484.34

32.41

59.09

7,332 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE .130 \$ 3.32 @OPTOMETRIST 337 952 24,324.28 25.55 72.18 \$ 128 130 44.13 44.82 DIAGNOSTIC AND ANC. PROCED 5,736.47 .018 .78 251 EYE APPLIANCES 712 16,912.86 23.75 .097 67.38 2.31 110 OTHER OPTOMETRIC SERVICES 1,674.95 15.23 .015 22.04 .23 @CHIROPRACTOR 8 133.34 \$ 16.67 .001 \$ 19.05 \$ .02 .001 6 6 100.32 16.72 .01 VISITS 16.72 33.02 16.51 33.02 .00 OTHER SERVICES .000 39 @PODIATRIST 51 1,583.81 31.06 .007 \$ 40.61 \$ .22 31 .11 MEDICINE/INJECTIONS 773.60 24.18 .004 24.95 8 SURGERY/ANES. 404.23 50.53 .001 57.75 .06 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 OTHER 11 405.98 36.91 .002 58.00 .06 @HOME HEALTH AGENCY 23 207 15,089.12 72.89 .028 \$ 656.05 \$ 2.06 NURSE ANESTHESIST 21 51.58 2.46 .003 \$ 51.58 .01 .00 .00 .000 \$ .00 NURSE MIDWIFE 0 .00 .00 .000 \$ .00 .00 PEDIATRIC NURSE PRACTITIONER 3 48.07 FAMILY NURSE PRACTITIONER 3 144.20 48.07 .000 .02 8,332 @TOTAL HOSPITAL 1,550 966,698.12 \$ 116.02 1.136 623.68 \$ 131.85 HOSP INPATIENT TOTAL 762,820.97 1569.59 .066 5487.92 104.04 486 13 HSC HOSPITALS 43 56,140.00 1305.58 .006 4318.46 7.66 288 671,419.35 2331.32 8498.98 NON-HSC HOSPITAL TOTAL .039 91.57 79 288 826.93 32.48 ACCOMMODATIONS 238,156.75 .039 3014.64 250.29 500.58 500.58 .000 .07 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00

237,656.17

433,262.60

830.97

.039

.000

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

286

78

PLUMAS COUNTY

ALL OTHER ACCOM

ANCILLARIES

INPATIENT CROSSOVERS	48	155		3	5,261.62		227.49		.021		734.62		4.81
ALL OTHER INPATIENT	0	0			.00		.00		.000		.00		.00
HOSP OUTPATIENT TOTAL	1,474	7,846		20	3,877.15		25.98	1	.070		138.32		27.81
MEDICAL	504	843		4	0,534.89		48.08		.115		80.43		5.53
SURGERY	89	115		1	2,832.87		111.59		.016		144.19		1.75
PATHOLOGY	487	2,111		2	4,054.33		11.39		.288		49.39		3.28
RADIOLOGY	296	460		3	5,601.45		77.39		.063		120.28		4.86
ROOM USE	576	865		3	9,872.02		46.09		.118		69.22		5.44
CROSSOVERS/ALL OTH OUTPINT	860	3,452		5	0,981.59		14.77		.471		59.28		6.95
@COUNTY HOSPITAL TOTAL	4	8	\$		367.43	\$	45.93		.001	\$	91.86	\$	.05
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00		.000		.00		.00
HSC HOSPITALS	0	0			.00		.00		.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00		.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00		.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00		.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00		.000		.00		.00
ANCILLARIES	0	0			.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00		.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	8			367.43		45.93		.001		91.86		.05
MEDICAL	0	0			.00		.00		.000		.00		.00
SURGERY	2	3			269.76		89.92		.000		134.88		.04
PATHOLOGY	1	3			32.05		10.68		.000		32.05		.00
RADIOLOGY	1	1			24.10		24.10		.000		24.10		.00
ROOM USE	1	1			33.32		33.32		.000		33.32		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			8.20		.00		.000		.00		.00
	MEDI-CAL SERVICES	AND EXPENDITU	RES I	MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2002 '	ΓHRU	DEC	2002	PAG	•
MOP024	FEE-FOR-SERVICE/DE	INTAL											01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED
7,332 ELIGIBLES
USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

7,332 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,548	8,324	\$	966,330.69	\$ 116.09	1.135	\$ 624.24	\$ 131.80
COMM HOSP INPATIENT TOTAL	139	486		762 <b>,</b> 820.97	1569.59	.066	5487.92	104.04
HSC HOSPITALS	13	43		56,140.00	1305.58	.006	4318.46	7.66
NON-HSC HOSPITALS TOTAL	79	288		671,419.35	2331.32	.039	8498.98	91.57
ACCOMMODATIONS	79	288		238,156.75	826.93	.039	3014.64	32.48
ADMINISTRATIVE DAYS	1	2		500.58	250.29	.000	500.58	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	78	286		237,656.17	830.97	.039	3046.87	32.41
ANCILLARIES	79	0		433,262.60	.00	.000	5484.34	59.09
INPATIENT CROSSOVERS	48	155		35,261.62	227.49	.021	734.62	4.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,472	7 <b>,</b> 838		203,509.72	25.96	1.069	138.25	27.76
MEDICAL	504	843		40,534.89	48.08	.115	80.43	5.53
SURGERY	87	112		12,563.11	112.17	.015	144.40	1.71
PATHOLOGY	486	2,108		24,022.28	11.40	.288	49.43	3.28
RADIOLOGY	295	459		35,577.35	77.51	.063	120.60	4.85
ROOM USE	575	864		39,838.70	46.11	.118	69.28	5.43
CROSSOVERS/ALL OTH OUTPINT	860	3,452		50,973.39	14.77	.471	59.27	6.95
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	30	873	\$	165,341.16	\$ 189.39	.119	\$ 5511.37	\$ 22.55
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	30	873		165,341.16		189.39	.119		5511.37		22.55
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	20	\$	12,822.23	\$	641.11	.003	\$	1165.66	\$	1.75
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	20		12,822.23		641.11	.003		1165.66		1.75
@REHABILITATION FACILITY	2	2	\$	183.20	\$	91.60	.000	\$	91.60	\$	.02
HOSPITAL BASED	2	2		183.20		91.60	.000		91.60		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	222	637	\$	9,740.96	\$	15.29	.087	\$	43.88	\$	1.33
PATHOLOGY	218	633		9,549.29		15.09	.086		43.80		1.30
XO AND OTHERS	4	4		191.67		47.92	.001		47.92		.03
@ORGANIZED OUTPATIENT CLINIC	2 <b>,</b> 669	5,020	\$	556,025.13	\$	110.76	.685	\$	208.33	\$	75.84
CLINIC	19	35		3,461.92		98.91	.005		182.21		.47
SURGICENTER	4	8		515.24		64.41	.001		128.81		.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2 <b>,</b> 656	4,977		552 <b>,</b> 047.97		110.92	.679		207.85		75.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT RE	EPORT	r for Jan	2002 THRU	DEC	2002	PI	AGE 9,508
MOP024	FEE-FOR-SERVICE/DENTAL	ച									01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC	C ASS	ISTANCE - DISABLED							

I HOIMID COONII	DOMINING OF BEIN	VICED TON TODETO MODE	DITINGE DISTIBLED				
						THLY AVERA	.GE
7,332 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	795	45,340 \$	167,677.01	\$ 3.70	6.184 \$	210.91	\$ 22.87
DURABLE MED. EQUIP.	79	5,301	49,875.04	9.41	.723	631.33	6.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	16	2,813.04	175.82	.002	281.30	.38
MEDICAL TRANSPORTATION	132	19,792	66,047.92	3.34	2.699	500.36	9.01
AMBULANCES/AIR TRANS	98	1,100	23,458.70	21.33	.150	239.37	3.20
OTHER TRANS	15	18,333	29,177.21	1.59	2.500	1945.15	3.98
OTHER SERVICES	24	359	13,412.01	37.36	.049	558.83	1.83
ACUPUNCTURE	10	31	524.44	16.92	.004	52.44	.07
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	146.00	73.00	.000	73.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	231	548	6,666.93	12.17	.075	28.86	.91
PHYSICAL THERAPIST	33	195	3,023.85	15.51	.027	91.63	.41
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	21	2,035.53	96.93	.003	254.44	.28
PROSTHETICS	8	21	2,035.53	96.93	.003	254.44	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5	313.42	62.68	.001	313.42	.04
SPEECH AND AUDIOLOGY	4	9	448.36	49.82	.001	112.09	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	109	866	12,309.72	14.21	.118	112.93	1.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	233	18,554	23,472.76	1.27	2.531	100.74	3.20
@CALIF. CHILDREN SERVICES*	70	5 <b>,</b> 263	\$ 69,908.66	\$ 13.28	.718 \$	998.70 \$	9.53
@XOVER EXCLUDING STATE HOSP**	955	6,190	\$ 121,534.17	\$ 19.63	.844 \$	127.26 \$	16.58

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,509
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						MO	NTHLY AVERA	GE
5,801 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,932	11,303	\$	859,743.94	\$ 76.06	1.948	\$ 293.23	\$ 148.21
@PHYSICIANS SERVICES	406	789	\$	37 <b>,</b> 869.36	\$ 48.00	.136	\$ 93.27	\$ 6.53
OUTPATIENT VISITS	105	120		4,564.72	38.04	.021	43.47	.79
OFFICE VISITS	69	77		2,881.36	37.42	.013	41.76	.50
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	19	21		848.81	40.42	.004	44.67	.15
PREVENTIVE CARE	1	1		62.23	62.23	.000	62.23	.01
OB VISITS/COMPRE PERI	2	4		262.39	65.60	.001	131.20	.05
OTHER OUTPATIENT	17	17		509.93	30.00	.003	30.00	.09
INPATIENT VISITS	21	76		6,654.95	87.57	.013	316.90	1.15
HOSPITAL VISITS	19	45		2,452.54	54.50	.008	129.08	.42
CRITICAL CARE	3	31		4,202.41	135.56	.005	1400.80	.72
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	73		9,305.79	127.48	.013	465.29	1.60
PRINCIPAL SURGEON	16	17		8,065.75	474.46	.003	504.11	1.39
ASSISTANT SURGEON	2	2		279.58	139.79	.000	139.79	.05
ANESTHESIOLOGIST	5	54		960.46	17.79	.009	192.09	.17

24	59		5,240.77		88.83	.010		218.37		.90
21	32		4,662.10		145.69	.006		222.00		.80
1	1		107.22		107.22	.000		107.22		.02
3	26		471.45		18.13	.004		157.15		.08
0	0		.00		.00	.000		.00		.00
60	100		3,260.40		32.60	.017		54.34		.56
221	313		6,576.59		21.01	.054		29.76		1.13
0	0		.00		.00	.000		.00		.00
1	1		12.61		12.61	.000		12.61		.00
33	47		2,253.53		47.95	.008		68.29		.39
1,357	3,190	\$	151,108.90	\$	47.37	.550	\$	111.36	\$	26.05
1,347	2,984		150,794.28		50.53	.514		111.95		25.99
0	0		.00		.00	.000		.00		.00
1,347	2,984		150,794.28		50.53	.514		111.95		25.99
16	206		314.62		1.53	.036		19.66		.05
61	256	\$	12,970.00	\$	50.66	.044	\$	212.62	\$	2.24
44	132		2,485.00		18.83	.023		56.48		.43
17	49		5,089.00		103.86	.008		299.35		.88
4	8		130.00		16.25	.001		32.50		.02
9	9		900.00		100.00	.002		100.00		.16
0	0		.00		.00	.000		.00		.00
2	-		472.00			.001		236.00		.08
13	43		2,521.00		58.63	.007		193.92		.43
0	0		.00		.00	.000		.00		.00
0	0									.00
1	1									.02
1	1				48.00					.01
0	0				.00					.00
8	9		•					150.63		.21
1	1							.00		.00
		RES M	ONTH-OF-PAYMENT RE	EPOR'	r for jan	2002 THRU	DEC	2002	P.	AGE 9,510
										01/17/03
SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - FAMILIES							
		_				M	ONT	HLY AVERA	GE -	
	21 1 3 0 60 221 0 1 33 1,357 1,347 0 1,347 16 61 44 17 4 9 0 2 13 0 0 1 1 1 0 8 1 MEDI-CAL SERVICES A FEE-FOR-SERVICE/DEN	21 32 1 1 32 1 32 1 32 33 34 35 34 35 34 35 34 35 34 35 34 35 35 34 35 35 35 35 35 35 35 35 35 35 35 35 35	21 32 1 32 1 32 1 33 3 26 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21 32 4,662.10 1 1 1 107.22 3 26 471.45 0 0 0 60 100 3,260.40 221 313 6,576.59 0 0 0 1 1 1 12.61 33 47 2,253.53 1,357 3,190 \$ 151,108.90 1,347 2,984 150,794.28 0 0 0 1,347 2,984 150,794.28 16 206 314.62 61 256 \$ 12,970.00 44 132 2,485.00 17 49 5,089.00 4 8 130.00 9 9 9 900.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21 32 4,662.10 1 1 1 1 07.22 3 26 471.45 0 0 0 00 60 100 3,260.40 221 313 6,576.59 0 0 00 1 1 1 1 12.61 33 47 2,253.53 1,357 3,190 \$ 151,108.90 \$ 1,347 2,984 150,794.28 0 0 0 0 1,347 2,984 150,794.28 16 206 314.62 61 256 \$ 12,970.00 \$ 44 132 2,485.00 17 49 5,089.00 4 8 130.00 9 9 9 900.00 0 0 0 0 0 0 2 3 472.00 13 43 2,521.00 0	21 32 4,662.10 145.69 1 1 1 1 107.22 107.22 3 26 471.45 18.13 0 0 0 .00 .00 60 100 3,260.40 32.60 221 313 6,576.59 21.01 0 0 0 .00 .00 1 1 1 12.61 12.61 33 47 2,253.53 47.95 1,357 3,190 \$ 151,108.90 \$ 47.37 1,347 2,984 150,794.28 50.53 0 0 0 .00 .00 1,347 2,984 150,794.28 50.53 16 206 314.62 1.53 61 256 \$ 12,970.00 \$ 50.66 44 132 2,485.00 18.83 17 49 5,089.00 103.86 4 8 130.00 16.25 9 9 9 900.00 100.00 2 3 3 472.00 157.33 13 43 2,521.00 58.63 0 0 0 .00 .00 2 3 3 472.00 157.33 13 43 2,521.00 58.63 0 0 0 .00 .00 1 1 1 1 120.00 120.00 1 1 1 1 120.00 120.00 1 1 1 1 120.00 120.00 1 1 1 1 120.00 120.00 1 1 1 1 120.00 120.00 1 1 1 1 120.00 133.89 1 1 1 .00 .00  MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	21 32 4,662.10 145.69 .006 1 1 1 1 1 107.22 107.22 .000 3 26 471.45 18.13 .004 0 0 .00 .00 .00 .00 .000 60 100 3,260.40 32.60 .017 221 313 6,576.59 21.01 .054 0 0 0 .00 .00 .00 .00 1 1 1 1 12.61 12.61 .000 33 47 2,253.53 47.95 .008 1,357 3,190 \$ 151,108.90 \$ 47.37 .550 1,347 2,984 150,794.28 50.53 .514 0 0 0 .00 .00 .00 .000 1,347 2,984 150,794.28 50.53 .514 0 0 0 .00 .00 .000 1,347 2,884 150,794.28 50.53 .514 61 256 \$ 12,970.00 \$ 50.66 .044 44 132 2,485.00 18.83 .023 17 49 5,089.00 103.86 .008 4 8 130.00 16.25 .001 9 9 9 900.00 103.86 .008 4 8 130.00 16.25 .001 9 9 9 900.00 103.86 .008 13 43 2,521.00 58.63 .007 0 0 .00 .000 .000 2 3 3 472.00 157.33 .001 13 43 2,521.00 58.63 .007 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .0	21 32 4,662.10 145.69 .006 1 1 1 1 1 107.22 107.22 .000 3 26 471.45 18.13 .004 0 0 .00 .00 .00 .00 .000 60 100 3,260.40 32.60 .017 221 313 6,576.59 21.01 .054 0 0 0 .00 .00 .00 .00 .000 1 1 1 1 1.261 12.61 .000 33 47 2,253.53 47.95 .008 1,357 3,190 \$ 151,108.90 \$ 47.37 .550 \$ 1,347 2,984 150,794.28 50.53 .514 0 0 0 .00 .00 .00 .000 1,347 2,984 150,794.28 50.53 .514 16 206 314.62 1.53 .036 61 256 \$ 12,970.00 \$ 50.66 .044 \$ 44 132 2,485.00 18.83 .023 17 49 5,089.00 103.86 .008 4 8 130.00 16.25 .001 9 9 9 900.00 100.00 .000 2 3 3 472.00 157.33 .001 13 43 2,521.00 58.63 .007 0 0 0 .00 .00 .000 0 0 0 .00 .00 .000 0 0 0 .00 .0	21 32 4,662.10 145.69 .006 222.00 1 1 1 1 107.22 107.22 .000 107.22 3 26 471.45 18.13 .004 157.15 0 0 0 0 .00 .00 .00 .000 .000 60 100 3,260.40 32.60 .017 54.34 221 313 6,576.59 21.01 .054 29.76 0 0 0 .00 .00 .00 .00 .00 .00 1 1 1 1 12.61 12.61 .000 12.61 33 47 2,253.53 47.95 .008 68.29 1,357 3,190 \$ 151,108.90 \$ 47.37 .550 \$ 111.36 1,347 2,984 150,794.28 50.53 .514 111.95 0 0 0 0 .00 .00 .00 .00 .00 .00 1,347 2,984 150,794.28 50.53 .514 111.95 16 206 314.62 1.53 .036 19.66 61 256 \$ 12,970.00 \$ 50.66 .044 \$ 212.62 44 132 2,485.00 18.83 .023 56.48 17 49 5,089.00 103.86 .008 299.35 4 8 130.00 16.25 .001 32.50 9 9 9 900.00 100.00 .002 .00 0 0 0 0 0 0 0 0 0 0 0.00 13 43 43 2,521.00 58.63 .007 193.92 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21 32 4,662.10 145.69 .006 222.00 1 1 1 1 007.22 107.22 .000 107.22 3 26 471.45 18.13 .004 157.15 0 0 0 0 .00 .00 .00 .00 .000 .000 60 100 3,260.40 32.60 .017 54.34 221 313 6,576.59 21.01 .054 29.76 0 0 0 .00 .00 .00 .00 .000 .00 1 1 1 1 12.61 12.61 .000 12.61 33 47 2,253.53 47.95 .008 68.29 1,357 3,190 \$ 151,108.90 \$ 47.37 .550 \$ 111.36 \$ 1,347 2,984 150,794.28 50.53 .514 111.95 1,347 2,984 150,794.28 50.53 .514 111.95 16 206 314.62 1.53 .036 19.66 61 256 \$ 12,970.00 \$ 50.66 .044 \$ 212.62 \$ 444 132 2,485.00 18.83 .023 56.48 17 49 5,089.00 103.86 .008 299.35 4 8 130.00 16.25 .001 32.50 9 9 9 900.00 100.00 .002 .000 0 0 0 0 0 0 0 0.00 .000 2 3 3 472.00 157.33 .001 236.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

5,801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	132	370	\$ 8,678.70	\$ 23.46	.064	\$ 65.75	\$ 1.50
DIAGNOSTIC AND ANC. PROCED	90	91	4,088.57	44.93	.016	45.43	.70
EYE APPLIANCES	102	272	4,459.31	16.39	.047	43.72	.77
OTHER OPTOMETRIC SERVICES	7	7	130.82	18.69	.001	18.69	.02
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	11	\$ 509.01	\$ 46.27	.002	\$ 63.63	\$ .09
MEDICINE/INJECTIONS	6	7	219.49	31.36	.001	36.58	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	4	289.52	72.38	.001	144.76	.05
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	665	2,645	\$ 251,506.88	\$ 95.09	.456	\$ 378.21	\$ 43.36
HOSP INPATIENT TOTAL	24	122	158,832.26	1301.90	.021	6618.01	27.38
HSC HOSPITALS	2	22	27,567.00	1253.05	.004	13783.50	4.75

NON-HSC HOSPITAL TOTAL	22	100		131,265.26	1312.65	.017	5966.60	22.63
ACCOMMODATIONS	22	100		51,321.64	513.22	.017	2332.80	8.85
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	100		51,321.64	513.22	.017	2332.80	8.85
ANCILLARIES	22	0		79,943.62	.00	.000	3633.80	13.78
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	654	2,523		92,674.62	36.73	.435	141.70	15.98
MEDICAL	443	579		24,643.96	42.56	.100	55.63	4.25
SURGERY	76	103		8,675.38	84.23	.018	114.15	1.50
PATHOLOGY	160	497		5,706.06	11.48	.086	35.66	.98
RADIOLOGY	179	267		16,981.07	63.60	.046	94.87	2.93
ROOM USE	480	623		26,798.79	43.02	.107	55.83	4.62
CROSSOVERS/ALL OTH OUTPINT	247	454		9,869.36	21.74	.078	39.96	1.70
@COUNTY HOSPITAL TOTAL	0	0	\$	38.42	\$ .00	.000	\$ .00	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		38.42	.00	.000	.00	.01
MEDICAL	0	0		28.78	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		1.68	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		7.96	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-O	F-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 9,511
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	PUBLIC A	SSISTANCE	- FAMILIES				
						M	IONTHLY AVERA	GE

5,801 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 665 2,645 251,468.46 95.07 .456 \$ 378.15 \$ 43.35 COMM HOSP INPATIENT TOTAL 24 122 158,832.26 1301.90 .021 6618.01 27.38 HSC HOSPITALS 2 22 27,567.00 1253.05 .004 13783.50 4.75 NON-HSC HOSPITALS TOTAL 22 100 131,265.26 1312.65 .017 5966.60 22.63 ACCOMMODATIONS 100 51,321.64 513.22 .017 2332.80 8.85 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM 22 100 51,321.64 513.22 2332.80 8.85 .017 22 0 79,943.62 .00 3633.80 13.78 ANCILLARIES .000 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 654 2,523 92,636.20 36.72 .435 141.65 15.97 .100 MEDICAL 443 579 24,615.18 42.51 55.56 4.24 76 84.23 1.50 SURGERY 103 8,675.38 .018 114.15 PATHOLOGY 160 497 5,704.38 11.48 .086 35.65 .98 RADIOLOGY 179 267 16,981.07 63.60 .046 94.87 2.93

26,790.83

43.00

.107

55.81

4.62

623

480

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	247	454		9,869.36		21.74	.078		39.96		1.70
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
LEV A-INTERMEDIATE	0	0	۲	.00	Y	.00	.000	٧	.00	Y	.00
	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0									
LEV B-SUBACUTE FREESTANDING	U			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ü	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	-T	.00	.000	7	.00	-	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	1	3	\$	49.24	\$	16.41	.001	ċ	49.24	ċ	
@REHABILITATION FACILITY	1		ې		Ą			Ą		ې	.01
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	3		49.24		16.41	.001		49.24		.01
@LABORATORY FACILITY	137	306	\$	5,449.85	\$	17.81	.053	Ş	39.78	Ş	.94
PATHOLOGY	137	306		5,449.85		17.81	.053		39.78		.94
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,537	2,371	\$	369,337.24	\$	155.77	.409	\$	240.30	\$	63.67
CLINIC	14	37		1,445.58		39.07	.006		103.26		.25
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0				.00					.00
		()		- (J()			- ()()()		. ()()		
				.00 367 891 66			.000		.00		
RURAL HEALTH CLINIC	1,526	2,334	IDEC MO	367,891.66	ם מים ב	157.62	.402	DEC	241.08	D7	63.42
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	1,526 MEDI-CAL SERVICE	2,334 ES AND EXPENDITU	JRES MO		EPORT	157.62	.402	DEC	241.08	P <i>P</i>	63.42 AGE 9,512
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE	2,334 ES AND EXPENDITU DENTAL		367,891.66 ONTH-OF-PAYMENT RE	EPORT	157.62	.402	DEC	241.08	P <i>I</i>	63.42
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE	2,334 ES AND EXPENDITU DENTAL		367,891.66	EPORI	157.62	.402 2002 THRU		241.08 2002		63.42 AGE 9,512 01/17/03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	2,334 CS AND EXPENDITU DENTAL CES FOR PUBLIC	C ASSIS	367,891.66 ONTH-OF-PAYMENT RE		157.62 FOR JAN	.402 2002 THRU	ONT	241.08 2002 HLY AVERA	.GE -	63.42 AGE 9,512 01/17/03
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC UNITS OF SERVIC	C ASSIS	367,891.66 ONTH-OF-PAYMENT RE	AVE	157.62 FOR JAN	.402 2002 THRU M UNITS/DAY	ONT:	241.08 2002 HLY AVERA COST PER	.GE -	63.42 AGE 9,512 01/17/03 COST PER
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	C ASSIS	367,891.66 ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES	AVE	157.62 FOR JAN CRAGE COST UNIT/DAY	.402 2002 THRU M UNITS/DAY PER ELIG	ONT! S (	241.08 2002 HLY AVERA COST PER USER	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC UNITS OF SERVIC	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 22,264.76	AVE	157.62 FOR JAN CRAGE COST UNIT/DAY 16.35	.402 2002 THRU M UNITS/DAY	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89	.GE - C	63.42 AGE 9,512 01/17/03 COST PER
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY 5,801 ELIGIBLES	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	C ASSIS	367,891.66 ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES	AVE PEF	157.62 FOR JAN CRAGE COST UNIT/DAY	.402 2002 THRU M UNITS/DAY PER ELIG	ONT! S (	241.08 2002 HLY AVERA COST PER USER	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  5,801 ELIGIBLES  @ALL OTHER PROVIDERS	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 1,362	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 22,264.76	AVE PEF	157.62 FOR JAN CRAGE COST UNIT/DAY 16.35	.402 2002 THRU M UNITS/DAY PER ELIG .235	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE 3.84
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  5,801 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 354 5	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 1,362 14	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 22,264.76 422.55	AVE PEF	157.62 FOR JAN CRAGE COST UNIT/DAY 16.35 30.18 .00	.402 2002 THRU M UNITS/DAY PER ELIG .235 .002	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51	.GE - C	63.42 AGE 9,512 01/17/03  COST PER ELIGIBLE 3.84 .07
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  5,801 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 354 5 0	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 1,362 14 0 0	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES  22,264.76 422.55 .00 .00	AVE PEF	157.62 FOR JAN CRAGE COST UNIT/DAY 16.35 30.18 .00 .00	.402 2002 THRU M UNITS/DAY PER ELIG .235 .002 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00	.GE - C	63.42 AGE 9,512 01/17/03  COST PER CLIGIBLE 3.84 .07 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  5,801 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC OR DAYS OF CAR 1,362 14 0 0 100	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61	AVE PEF	157.62 FOR JAN CRAGE COST UNIT/DAY 16.35 30.18 .00 .00 63.05	.402 2002 THRU M UNITS/DAY PER ELIG .235 .002 .000 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE 3.84 .07 .00 .00 1.09
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  5,801 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC OR DAYS OF CAR 1,362 14 0 0 100 98	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61	AVE PEF	157.62 FOR JAN CRAGE COST UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60	.402 2002 THRU M UNITS/DAY PER ELIG .235 .002 .000 .000 .017 .017	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05	.GE - C	63.42 AGE 9,512 01/17/03  COST PER CLIGIBLE 3.84 .07 .00 .00 1.09 .47
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC OR DAYS OF CAR 1,362 14 0 0 100	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00	AVE PEF \$	157.62 FOR JAN CRAGE COST UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .000 .017 .017 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE 3.84 .07 .00 .00 1.09 .47 .00
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	1,526 MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMA	2,334 SS AND EXPENDITU DENTAL CES FOR PUBLIC OR DAYS OF CAR 1,362 14 0 0 100 98	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 1800.00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .017 .017 .000 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE 3.84 .07 .00 .00 1.09 .47 .00 .62
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  5,801 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2	2,334 CS AND EXPENDITURE CES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 1,362 14 0 0 100 98 0 2 6	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 1800.00 18.02	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .001 .017 .017 .000 .000 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE 3.84 .07 .00 .00 1.09 .47 .00 .62 .02
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	1,526 MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMA	2,334 CS AND EXPENDITURE CES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 1,362 14 0 0 100 98 0 2 6 0	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 18.00 18.02 .00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .001 .017 .017 .000 .000 .001 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .450.33 208.05 .00 1800.00 54.07 .00	.GE - C	63.42 AGE 9,512 01/17/03 COST PER ELIGIBLE 3.84 .07 .00 .00 1.09 .47 .00 .62 .02
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RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 0 12 0	2,334 CS AND EXPENDITURE CES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 1,362 14 0 0 100 98 0 2 6 0 12 0	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 18.02 .00 81.83 .00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .017 .017 .000 .000 .001 .000 .001 .000 .002 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE 3.84 .07 .00 .00 1.09 .47 .00 .62 .02 .00 .17 .00
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 0 12 0 0	2,334 CS AND EXPENDITURE CES FOR PUBLICATION OR DAYS OF CARE 1,362 14 0 0 100 98 0 2 6 0 12 0 0	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00 .00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 1800.00 18.02 .00 81.83 .00 .00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .017 .017 .017 .000 .000 .001 .000 .001	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83 .00	.GE - C	63.42 AGE 9,512 01/17/03 
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 0 12 0	2,334 CS AND EXPENDITURE CES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 1,362 14 0 0 100 98 0 2 6 0 12 0	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 18.02 .00 81.83 .00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .017 .017 .000 .000 .001 .000 .001 .000 .002 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE 3.84 .07 .00 .00 1.09 .47 .00 .62 .02 .00 .17 .00
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 0 12 0 0	2,334 CS AND EXPENDITURE CES FOR PUBLICATION OR DAYS OF CARE 1,362 14 0 0 100 98 0 2 6 0 12 0 0	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00 .00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 1800.00 18.02 .00 81.83 .00 .00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .017 .017 .017 .000 .000 .001 .000 .001	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83 .00	.GE - C	63.42 AGE 9,512 01/17/03 
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 0 12 0 0 88	2,334 CS AND EXPENDITURE CES FOR PUBLICATION OR DAYS OF CARE 1,362 14 0 0 100 98 0 2 6 0 12 0 0 185	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00 1,896.86	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 18.02 .00 81.83 .00 .00 10.25	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .017 .017 .000 .000 .001 .000 .001 .000 .002 .000 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83 .00 .00 21.56	.GE - C	63.42 AGE 9,512 01/17/03 
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 2 0 12 0 0 88 10	2,334 CS AND EXPENDITURE CES FOR PUBLICATION OR DAYS OF CAR 1,362 14 0 0 100 98 0 2 6 0 12 0 0 185 76	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00 1,896.86 1,161.22	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 18.02 .00 81.83 .00 .00 10.25 15.28 .00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .017 .017 .017 .000 .000 .001 .000 .001 .000 .002 .000 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83 .00 .00 21.56 116.12	.GE - C	63.42 AGE 9,512 01/17/03 
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 2 0 12 0 0 88 10	2,334 CS AND EXPENDITURE CES FOR PUBLICATION OR DAYS OF CAR 1,362 14 0 0 100 98 0 2 6 0 12 0 0 185 76 0	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00 1,896.86 1,161.22 .00 332.00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 18.02 .00 81.83 .00 .00 10.25 15.28 .00 332.00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .001 .017 .017 .000 .000 .001 .000 .001 .000 .002 .000 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83 .00 .00 21.56 116.12 .00 332.00	.GE - C	63.42 AGE 9,512 01/17/03 
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 2 0 12 0 0 88 10 0 11 1	2,334 SS AND EXPENDITURE CES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 1,362 14 0 0 100 98 0 2 6 0 12 0 0 185 76 0 1	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00 1,896.86 1,161.22 .00 332.00 332.00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 18.02 .00 81.83 .00 .00 10.25 15.28 .00 332.00 332.00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .001 .017 .017 .000 .000 .001 .000 .001 .000 .002 .000 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83 .00 .00 21.56 116.12 .00 332.00 332.00	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE 3.84 .07 .00 .00 1.09 .47 .00 .62 .02 .00 .17 .00 .00 .33 .20 .00 .06 .06
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 2 0 12 0 0 88 10 0 11 1	2,334 SS AND EXPENDITURE CES FOR PUBLICATE OR DAYS OF CAR 1,362 14 0 0 100 98 0 2 6 0 12 0 0 185 76 0 1	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00 1,896.86 1,161.22 .00 332.00 332.00 332.00 .00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 18.02 .00 81.83 .00 .00 10.25 15.28 .00 332.00 332.00 .00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .001 .017 .017 .000 .000 .001 .000 .001 .000 .002 .000 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83 .00 .00 21.56 116.12 .00 332.00 332.00 .00	.GE - C	63.42 AGE 9,512 01/17/03 
RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024 PLUMAS COUNTY  5,801 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	1,526 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI  USERS  354 5 0 0 14 13 0 2 2 2 0 12 0 0 88 10 0 11 1	2,334 SS AND EXPENDITURE CES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 1,362 14 0 0 100 98 0 2 6 0 12 0 0 185 76 0 1	C ASSIS	367,891.66 DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  22,264.76 422.55 .00 .00 6,304.61 2,704.61 .00 3,600.00 108.13 .00 982.00 .00 1,896.86 1,161.22 .00 332.00 332.00	AVE PEF \$	157.62 FOR JAN  CRAGE COST R UNIT/DAY 16.35 30.18 .00 .00 63.05 27.60 .00 18.02 .00 81.83 .00 .00 10.25 15.28 .00 332.00 332.00	.402 2002 THRU  M UNITS/DAY PER ELIG .235 .002 .000 .001 .017 .017 .000 .000 .001 .000 .001 .000 .002 .000 .000	ONT! S (	241.08 2002 HLY AVERA COST PER USER 62.89 84.51 .00 .00 450.33 208.05 .00 1800.00 54.07 .00 81.83 .00 .00 21.56 116.12 .00 332.00 332.00	.GE - C	63.42 AGE 9,512 01/17/03 COST PER CLIGIBLE 3.84 .07 .00 .00 1.09 .47 .00 .62 .02 .00 .17 .00 .00 .33 .20 .00 .06 .06

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	223	958	10,970.02	11.45	.165	49.19	1.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	10	87.37	8.74	.002	29.12	.02
@CALIF. CHILDREN SERVICES*	11	83	\$ 31,220.35	\$ 376.15	.014	\$ 2838.21	\$ 5.38
@XOVER EXCLUDING STATE HOSP**	2	3	\$ 10.04	\$ 3.35	.001	\$ 5.02	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,513
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE					
						MC			
15,048 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		C		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_		USER	ELIGIBLE
•	10,398	144,813	\$	5,657,708.11	\$ 39.07	9.623		544.12	375.98
@PHYSICIANS SERVICES	1,823	5,034	\$	173,434.14	\$ 34.45	.335	\$	95.14	\$ 11.53
OUTPATIENT VISITS	395	481		18,765.83	39.01	.032		47.51	1.25
OFFICE VISITS	281	329		12,310.05	37.42	.022		43.81	.82
HOME VISITS	0	0		.00	.00	.000		.00	.00
EMERGENCY ROOM	70	81		4,067.69	50.22	.005		58.11	.27
PREVENTIVE CARE	1	1		62.23	62.23	.000		62.23	.00
OB VISITS/COMPRE PERI	5	8		505.83	63.23	.001		101.17	.03
OTHER OUTPATIENT	61	62		1,820.03	29.36	.004		29.84	.12
INPATIENT VISITS	114	433		26 <b>,</b> 359.35	60.88	.029		231.22	1.75
HOSPITAL VISITS	109	364		17,591.55	48.33	.024		161.39	1.17
CRITICAL CARE	12	67		8,702.50	129.89	.004		725.21	.58
SNF/ICF/TRANS IP CARE	2	2		65.30	32.65	.000		32.65	.00
OPHTHALMOLOGICAL SERVICES	9	9		406.15	45.13	.001		45.13	.03
EXAMINATIONS	9	9		406.15	45.13	.001		45.13	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	51	236		29,562.81	125.27	.016		579.66	1.96
PRINCIPAL SURGEON	38	57		24,629.14	432.09	.004		648.14	1.64
ASSISTANT SURGEON	6	6		1,327.59	221.27	.000		221.27	.09
ANESTHESIOLOGIST	14	173		3,606.08	20.84	.011		257.58	.24
OUTPATIENT SURGERY	89	229		22,195.83	96.93	.015		249.39	1.48
PRINCIPAL SURGEON	78	106		19,100.03	180.19	.007		244.87	1.27
ASSISTANT SURGEON	2	2		241.99	121.00	.000		121.00	.02
ANESTHESIOLOGIST	17	121		2,853.81	23.59	.008		167.87	.19
DIALYSIS	0	0		.00	.00	.000		.00	.00
PATHOLOGY	161	268		8,448.65	31.52	.018		52.48	.56
RADIOLOGY	661	1,028		26,580.21	25.86	.068		40.21	1.77
PSYCHIATRY	0	0		.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	16	94		952.54	10.13	.006		59.53	.06
OTHER SERVICES/ALL X-OVERS	749	2,256		40,162.77	17.80	.150		53.62	2.67
@PHARMACY	7,683	47,468	\$	2,551,723.42	\$ 53.76	3.154	\$	332.13	\$ 169.57
PRESCRIPTION DRUGS	7,623	30,096		2,508,506.03	83.35	2.000		329.07	166.70
SNF/ICF	77	450		25,510.42	56.69	.030		331.30	1.70
OUTPATIENTS	7,556	29,646		2,482,995.61	83.75	1.970		328.61	165.01
MEDICAL SUPPLIES	388	17,372		43,217.39	2.49	1.154		111.39	2.87
@DENTIST	145	636	\$	29,121.84	\$ 45.79	.042	\$	200.84	\$ 1.94
VISITS - DIAGNOSTIC	101	330		5,949.34	18.03	.022		58.90	.40
ORAL SURGERY	32	108		8,050.00	74.54	.007		251.56	.53
				•					

DRUGS	4	8		130.00	16.25	.001		32.50		.01
ANESTHESIA	15	15		1,500.00	100.00			100.00		.10
PERIODONTICS	3	3		400.00	133.33			133.33		.03
ENDODONTICS  ENDODONTICS	3 9	10		2,078.00	207.80			230.89		.14
RESTORATIVE DENTISTRY	34									
	34	106 3		7,596.00	71.66			223.41		.50
PROSTHETICS	3			60.00	20.00			20.00		.00
DENTURES, STAYPLATES	5	13		658.00	50.62			131.60		.04
SPACE MAINTAINERS	1	1		120.00	120.00			120.00		.01
MAXILLOFACIAL SERVICES	2	2		48.00	24.00			24.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00			.00		.00
ORTHODONTIC SERVICES	19	34		2,532.50	74.49			133.29		.17
ALL OTHER SERVICES	3	3		.00	.00			.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT FOR JA	N 2002 THRU	DEC	2002	P	AGE 9,514
MOP024	FEE-FOR-SERVICE									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSIST	ANCE						
						I	INOM	THLY AVERA	GE ·	
15,048 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DA	YS	COST PER	(	COST PER
		OR DAYS OF CARE			PER UNIT/I		G	USER		ELIGIBLE
@OPTOMETRIST	554	1,518	\$	41,117.23	\$ 27.09	.101	\$	74.22	\$	2.73
DIAGNOSTIC AND ANC. PROCED	235	238		10,502.67	44.13	.016		44.69		.70
EYE APPLIANCES	406	1,115		28,024.11	25.13	.074		69.02		1.86
OTHER OPTOMETRIC SERVICES	113	165		2,590.45	15.70	.011		22.92		.17
@CHIROPRACTOR	7	8	\$	133.34	\$ 16.67	.001	\$	19.05	\$	.01
VISITS	6	6		100.32	16.72	.000		16.72		.01
OTHER SERVICES	1	2		33.02	16.51	.000		33.02		.00
@PODIATRIST	57	74	\$	2,360.13	\$ 31.89	.005	\$	41.41	\$	.16
MEDICINE/INJECTIONS	37	39		993.09	25.46	.003		26.84		.07
SURGERY/ANES.	7	8		404.23	50.53	.001		57.75		.03
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	19	2.7		962.81	35.66			50.67		.06
@HOME HEALTH AGENCY	24	216	\$	15,762.86	\$ 72.98			656.79	\$	1.05
NURSE ANESTHESIST	3	57	\$	114.81	\$ 2.01		\$	38.27	Ś	.01
	G	0.7	'		, 2.02	• • • • •	- 1	20.27		301

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	144.20	\$	48.07	.000	\$	48.07		.01
@TOTAL HOSPITAL	2,539	13,022	\$	1,299,474.60			.865	\$	511.81	\$	86.36
HOSP INPATIENT TOTAL	208	794		977,373.93		1230.95	.053		4698.91		64.95
HSC HOSPITALS	17	69		90,521.88		1311.91	.005		5324.82		6.02
NON-HSC HOSPITAL TOTAL	105	397		821,894.07		2070.26	.026		7827.56		54.62
ACCOMMODATIONS	105	397		293,498.56		739.29			2795.22		19.50
ADMINISTRATIVE DAYS	1	2		500.58		250.29	.000		500.58		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	104	395		292,997.98			.026		2817.29		19.47
ANCILLARIES	105	0		292,997.98 528,395.51 64,957.98 .00		.00	.000		5032.34		35.11
INPATIENT CROSSOVERS	87	328		64,957.98		198.04	.022		746.64		4.32
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,425	12,228		322,100.67		26.34	.813		132.83		21.40
MEDICAL	957	1,444		66,214.41		45.85	.096		69.19		4.40
SURGERY	169	222		21,744.07		97.95	.015		128.66		1.44
PATHOLOGY	659	2,664		30,608.24		11.49	.177		46.45		2.03
RADIOLOGY	487	747		55,447.82		74.23	.050		113.86		3.68
ROOM USE	1,077	1,518		68,015.80		44.81	.101		63.15		4.52
CROSSOVERS/ALL OTH OUTPINT		5,633		80,070.33		14.21	.374		57.90		5.32
@COUNTY HOSPITAL TOTAL	4	8	\$	405.85	\$	50.73	.001	\$	101.46	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	8		405.85		50.73	.001		101.46		.03
MEDICAL	0	0		28.78		.00	.000		.00		.00
SURGERY	2	3		269.76		89.92	.000		134.88		.02
PATHOLOGY	1	3		33.73		11.24	.000		33.73		.00
RADIOLOGY	1	1		24.10		24.10	.000		24.10		.00
ROOM USE	1	1		41.28		41.28	.000		41.28		.00
CROSSOVERS/ALL OTH OUTPTNT		0		8.20		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		JRES M	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2002 THRU	DEC	2002	PF	AGE 9,515
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
DI INA A CONTRACT	CINDANDII OF CERTIFICE		3 3 3 5 T	200							

PLUMAS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

						MON	ITHLY AVERA	GE
15,048 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,537	13,014	\$	1,299,068.75	\$ 99.82	.865 \$	512.05	\$ 86.33
COMM HOSP INPATIENT TOTAL	208	794		977,373.93	1230.95	.053	4698.91	64.95
HSC HOSPITALS	17	69		90,521.88	1311.91	.005	5324.82	6.02
NON-HSC HOSPITALS TOTAL	105	397		821 <b>,</b> 894.07	2070.26	.026	7827.56	54.62
ACCOMMODATIONS	105	397		293,498.56	739.29	.026	2795.22	19.50
ADMINISTRATIVE DAYS	1	2		500.58	250.29	.000	500.58	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	104	395		292,997.98	741.77	.026	2817.29	19.47
ANCILLARIES	105	0		528,395.51	.00	.000	5032.34	35.11
INPATIENT CROSSOVERS	87	328		64,957.98	198.04	.022	746.64	4.32
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2,423	12,220		321,694.82		26.33	.812		132.77		21.38
MEDICAL	957	1,444		66,185.63		45.83	.096		69.16		4.40
SURGERY	167	219		21,474.31		98.06	.015		128.59		1.43
PATHOLOGY	658	2,661		30,574.51		11.49	.177		46.47		2.03
RADIOLOGY	486	746		55,423.72		74.29	.050		114.04		3.68
ROOM USE	1,076	1,517		67,974.52		44.81	.101		63.17		4.52
CROSSOVERS/ALL OTH OUTPINT	1,383	5,633		80,062.13		14.21	.374		57.89		5.32
@STATE HOSPITAL	. 0	, 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	76	1,646	\$	311,980.12	\$	189.54	.109	\$	4105.00	\$	20.73
LEV A-INTERMEDIATE	0	, 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	76	1,646		311,980.12		189.54	.109		4105.00		20.73
@INTERMEDIATE CARE FACILDD	0	, 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	16	26	\$	18,054.99	\$	694.42	.002	\$	1128.44	\$	1.20
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	16	26		18,054.99		694.42	.002		1128.44		1.20
@REHABILITATION FACILITY	5	10	\$	468.59	\$	46.86	.001	\$	93.72	\$	.03
HOSPITAL BASED	4	7		419.35		59.91	.000		104.84		.03
INDEPENDENT FACILITY	1	3		49.24		16.41	.000		49.24		.00
@LABORATORY FACILITY	365	956	\$	15,325.21	\$	16.03	.064	\$	41.99	\$	1.02
PATHOLOGY	358	948		15,116.26		15.95	.063		42.22		1.00
XO AND OTHERS	7	8		208.95		26.12	.001		29.85		.01
@ORGANIZED OUTPATIENT CLINIC	4,725	8 <b>,</b> 256	\$	976,849.35	\$	118.32	.549	\$	206.74	\$	64.92
CLINIC	34	74		5,121.51		69.21	.005		150.63		.34
SURGICENTER	6	10		540.23		54.02	.001		90.04		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,698	8 <b>,</b> 172		971,187.61		118.84	.543		206.72		64.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPOR'	r for jan 2	2002 THRU	DEC	2002	P	AGE 9,516
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	C ASS	ISTANCE							
									HLY AVERA		
15,048 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAP	RΕ			R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,375	65 <b>,</b> 883	\$	221,643.28	\$	3.36	4.378	\$	161.20	\$	14.73

15,048 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,375	65 <b>,</b> 883	\$ 221,643.28	\$ 3.36	4.378	161.20	\$ 14.73
DURABLE MED. EQUIP.	92	5 <b>,</b> 333	58 <b>,</b> 966.31	11.06	.354	640.94	3.92
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	16	2,813.04	175.82	.001	281.30	.19
MEDICAL TRANSPORTATION	170	20,634	77,857.58	3.77	1.371	457.99	5.17
AMBULANCES/AIR TRANS	115	1,468	27,715.67	18.88	.098	241.01	1.84
OTHER TRANS	19	18,542	29,529.84	1.59	1.232	1554.20	1.96
OTHER SERVICES	44	624	20,612.07	33.03	.041	468.46	1.37
ACUPUNCTURE	15	43	729.89	16.97	.003	48.66	.05
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,128.00	80.57	.001	80.57	.07
IHMC, MODEL-NF, NF, AIDS, MSSP	2	17	657.97	38.70	.001	328.99	.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	363	831	9,764.79	11.75	.055	26.90	.65
PHYSICAL THERAPIST	43	271	4,185.07	15.44	.018	97.33	.28

PORTABLE X-RAY	0	0	.00	.00	.000		00	.00
PROSTHETIST/ORTHOTISTS	11	26	2,925.53	112.52	.002	265.	96	.19
PROSTHETICS	11	26	2,925.53	112.52	.002	265.	96	.19
ORTHOTICS	0	0	.00	.00	.000		00	.00
PSYCHOLOGIST	1	5	313.42	62.68	.000	313.	42	.02
SPEECH AND AUDIOLOGY	4	9	448.36	49.82	.001	112.	09	.03
HOSPICE SERVICES	0	0	.00	.00	.000		00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		00	.00
LOCAL EDUCATION AGENCIES	352	2,091	26,851.95	12.84	.139	76.	28	1.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		00	.00
ALL OTHER PROVIDERS	376	36 <b>,</b> 593	35,001.37	.96	2.432	93.	09	2.33
@CALIF. CHILDREN SERVICES*	97	5,431	\$ 128,563.46	\$ 23.67	.361	\$ 1325.	40	\$ 8.54
@XOVER EXCLUDING STATE HOSP**	1,528	9,500	\$ 227,852.16	\$ 23.98	.631	\$ 149.	12	\$ 15.14

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,517 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

I HOMAS COUNTI	SOPPART OF SER	TVICES FOR PIN NO SOC	AGED	AID CODE 14 III	10	mii	
445					MON		
447 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	357	2,278 \$	143,041.38	\$ 62.79	5.096 \$		\$ 320.00
@PHYSICIANS SERVICES	53	169 \$	2,084.05	\$ 12.33	.378 \$		\$ 4.66
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	53	169	2,084.05	12.33	.378	39.32	4.66
@PHARMACY	269	1,175 \$	•	\$ 50.73	2.629 \$		
PRESCRIPTION DRUGS	267	1,049	58,735.55	55.99	2.347	219.98	131.40
		• * *	,				

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	10	30	1,486.84	49.56	.067	148.68	3.33
OUTPATIENTS	257	1,019	57,248.71	56.18	2.280	222.76	128.07
MEDICAL SUPPLIES	7	126	869.88	6.90	.282	124.27	1.95
@DENTIST	3	15	608.00	\$ 40.53	.034	\$ 202.67	\$ 1.36
VISITS - DIAGNOSTIC	2	4	110.00	27.50	.009	55.00	.25
ORAL SURGERY	1	8	311.00	38.88	.018	311.00	.70
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.22
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	87.00	43.50	.004	87.00	.19
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 9,518
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICE	S FOR MN - NO S	SOC - AGED	AID CODE 14 1H	1U		
					MON	NTHLY AVERA	GE
447 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0.	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	19	35	601.82	\$ 17.19	.078	\$ 31.67	\$ 1.35

447 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	.01	COST PER
		OR DAYS OF CAR	Ξ		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	19	35	\$	601.82	\$	17.19	.078	\$	31.67	\$	1.35
DIAGNOSTIC AND ANC. PROCED	4	4		71.48		17.87	.009		17.87		.16
EYE APPLIANCES	9	22		387.67		17.62	.049		43.07		.87
OTHER OPTOMETRIC SERVICES	7	9		142.67		15.85	.020		20.38		.32
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	2	\$	144.76	\$	72.38	.004	\$	144.76	\$	.32
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		144.76		72.38	.004		144.76		.32
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	64	271	\$	14,279.34	\$	52.69	.606	\$	223.11	\$	31.94
HOSP INPATIENT TOTAL	6	38		10,536.08		277.27	.085		1756.01		23.57
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	4		6,516.08		1629.02	.009		6516.08		14.58
ACCOMMODATIONS	1	4		960.00		240.00	.009		960.00		2.15
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		960.00		240.00	.009		960.00		2.15
ANCILLARIES	1	0		5,556.08		.00	.000		5556.08		12.43
INPATIENT CROSSOVERS	5	34		4,020.00		118.24	.076		804.00		8.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	59	233		3,743.26		16.07	.521		63.45		8.37
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

Dantorogu	0	0	0.0	0.0	0.00	0.0	0	^
RADIOLOGY	Ü	Ü	.00	.00	.000	.00	.0	
ROOM USE	0	0	.00	.00	.000	.00	.0	
CROSSOVERS/ALL OTH OUTPINT	59	233	3,743.26	16.07	.521	63.45	8.3	7
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	0
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	0
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.0	0
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.0	0
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	0
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	0
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	0
ANCILLARIES	0	0	.00	.00	.000	.00	.0	0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.0	0
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	0
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	0
MEDICAL	0	0	.00	.00	.000	.00	.0	0
SURGERY	0	0	.00	.00	.000	.00	. 0	
PATHOLOGY	0	0	.00	.00	.000	.00	.0	
RADIOLOGY	0	0	.00	.00	.000	.00	. 0	
ROOM USE	0	0	.00	.00	.000	.00	.0	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.0	
	MEDI-CAL SERVICES	S AND EXPENDITURES	MONTH-OF-PAYMENT R				PAGE 9,	
MOP024	FEE-FOR-SERVICE/I					0 2002	01/17	
PLUMAS COUNTY		CES FOR MN - NO SC	OC - AGED	AID CODE 14 1H	111		01/1/	,
THOMAS COUNTY	SOIMMIN OF SERVIN	SES FOR THE NO SC	70 11025	1110 0000 11 111	MON'	THIY AVERA	GE	_
447 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PE	R
117 BBIGIDBBO	ODLING	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBL	
@COMMUNITY HOSPITAL TOTAL	64	271 \$	14,279.34	\$ 52.69				
COMM HOSP INPATIENT TOTAL	6	38	10,536.08	277.27	.085	1756.01	23.5	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	
NON-HSC HOSPITALS TOTAL	1	0	6,516.08	1629.02	.009	6516.08	14.5	
NON-DSC DOSPITALS TOTAL	1	4	0,310.00	1029.02	.009	0310.00	14.5	

960.00

240.00

.009

960.00

2.15

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		960.00		240.00	.009		960.00		2.15
ANCILLARIES	1	0		5,556.08		.00	.000		5556.08		12.43
INPATIENT CROSSOVERS	5	34		4,020.00		118.24	.076		804.00		8.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	59	233		3,743.26		16.07	.521		63.45		8.37
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	233		3,743.26		16.07	.521		63.45		8.37
@STATE HOSPITAL	0	233	\$	.00	Ś	.00		\$	.00	Ċ	.00
	0	0	۲	.00	Ą	.00	.000	ې	.00	۲	
MENTALLY ILL	0										.00
DEVELOP. DISABLED	•	0	Ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@NURSING FACILITY	14	265	\$	47,548.55	\$	179.43	.593	\$	3396.33	Ş	106.37
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	Ü		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	265		47,548.55		179.43	.593		3396.33		106.37
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	6	\$	75.68	\$	12.61	.013	Ś	18.92	Ś	.17
PATHOLOGY	0	0	Υ	.00	Υ	.00	.000	Υ	.00	٣	.00
XO AND OTHERS	1	6		75.68		12.61	.013		18.92		.17
@ORGANIZED OUTPATIENT CLINIC	107	217	\$	16,492.15	Ċ	76.00		\$	154.13	Ċ	36.90
CLINIC CLINIC	0	0	۲	.00	Ą	.00	.000	ې	.00	۲	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00					
HEROIN DETOX CLINIC							.000		.00		.00
RURAL HEALTH CLINIC	107	217	IDDG M	16,492.15		76.00	.485	DEC	154.13	Б.	36.90
#CALIF DEPT OF HEALTH SERV			IRES M	ONTH-OF-PAYMENT F	KEPORT	FOR JAN 2	ZUUZ THRU	DEC	2002	P	AGE 9,520
MOP024	FEE-FOR-SERVICE			1.075	3.TD 6		1 ***				01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - N	io soc	- AGED	AID (	CODE 14 1H				~-	
			_				M			-	
447 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	38	123	\$	1,601.60	\$	13.02	.275	\$	42.15	\$	3.58
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	6	14		360.48		25.75	.031		60.08		.81
MEDICAL TRANSPORTATION	3	41		401.78		9.80	.092		133.93		.90
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	3	41		401.78		9.80	.092		133.93		.90
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	13	162.56	12.50	.029	23.22	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	3.34	1.67	.004	3.34	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	53	673.44	12.71	.119	32.07	1.51
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	125	636	\$ 14,747.92	\$ 23.19	1.423	\$ 117.98	\$ 32.99

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,521 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

I HOMAS COONII	DOMMANT OF DER	VICED FOR PIN IN	5 500	DHIND	AID CODE	27		
						MON	NTHLY AVERA	GE
17 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	₹		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13	28,740	\$	57,008.67	\$ 1.98	1690.588	\$ 4385.28	\$ 3353.45
@PHYSICIANS SERVICES	8	46	\$	619.18	\$ 13.46	2.706	77.40	\$ 36.42
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00	.00	.000		.00		.00
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8	46		619.18	13.4	2.706		77.40		36.42
@PHARMACY	13	122	\$	9,021.84	\$ 73.95	7.176	\$	693.99	\$	530.70
PRESCRIPTION DRUGS	13	122		9,021.84	73.95	7.176		693.99		530.70
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	13	122		9,021.84	73.95	7.176		693.99		530.70
MEDICAL SUPPLIES	0	0		.00	.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000		.00		.00
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-	-OF-PAYMENT REF	PORT FOR JA	AN 2002 THRU	DEC	2002	PA	GE 9,522
MOP024	FEE-FOR-SERVICE/DENTA	L								01/17/03

AID CODE 24

----- MONTHLY AVERAGE -----17 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 .000 \$ 0 .00 \$ .00 .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .000 EYE APPLIANCES 0 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 VISITS 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .000 .00 @PODIATRIST .00 .00 .000 \$ .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 .00 .00 .00 .000 \$ .00 NURSE MIDWIFE 0 .00 .00 .000 .00 \$ .00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$ .00 19 @TOTAL HOSPITAL 165.01 8.68 1.118 33.00 9.71 HOSP INPATIENT TOTAL .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

PLUMAS COUNTY

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	19		165.01	8.68	1.118	33.00	9.71
MEDICAL	1	1		51.22	51.22	.059	51.22	3.01
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	18		113.79	6.32	1.059	28.45	6.69
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF-F	AYMENT RE	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,523
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	MN - N	O SOC - BLIND		AID COD			
						MO	NTHLY AVERA	GE

						M(	ONTHLY AVERA	GE
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	ENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	19 \$		165.01	\$ 8.68	1.118	\$ 33.00	\$ 9.71
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	19		165.01	8.68	1.118	33.00	9.71
MEDICAL	1	1		51.22	51.22	.059	51.22	3.01
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	18		113.79	6.32	1.059	28.45	6.69
@STATE HOSPITAL	0	0 \$	1	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	12	\$	4,453.03	\$	371.09	.706	\$	445.30	\$	261.94
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	12		4,453.03		371.09	.706		445.30		261.94
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	5	\$	290.01	\$	58.00	.294	\$	58.00	\$	17.06
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	5		290.01		58.00	.294		58.00		17.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES N	MONTH-OF-PAYMENT R	EPOR7	FOR JAN	2002 THRU	DEC	2002	P	AGE 9,524
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR MN - N	0 500	C - BLIND		AID CODE	24				
							M	HTNC	ILY AVERA	GE ·	
17 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S C	OST PER	(	COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	11	28 <b>,</b> 536	\$	42,459.60	\$	1.49	1678.588	\$	3859.96	\$	2497.62
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00

.00 .00 .000 .00 .00 .00 .00 .000 .00

0 0

0

BLOOD BANK

0	0			.00		.00	.000		.00		.00
11	28,536			42,459.60		1.49	1678.588		3859.96	2	497.62
0	0			.00		.00	.000		.00		.00
11	28,536			42,459.60		1.49	1678.588		3859.96	2	497.62
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0					.00	.000				.00
0	0					.00	.000		.00		.00
0	0					.00	.000		.00		.00
0	0					.00	.000				.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
0	0	\$			\$	.00		\$		\$	.00
12	76	\$		5,186.00	\$	68.24	4.471	\$	432.17	\$	305.06
	0 11 0 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 11 28,536 0	0 11 28,536 0	0 11 28,536 0	11       28,536       42,459.60         0       0       .00         11       28,536       42,459.60         0       0       .00	11       28,536       42,459.60         0       .00         11       28,536       42,459.60         0       .00 </td <td>11       28,536       42,459.60       1.49         0       0       .00       .00         11       28,536       42,459.60       1.49         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00      <t< td=""><td>11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00</td><td>11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000</td><td>11       28,536       42,459.60       1.49       1678.588       3859.96         0       0       .00       .00       .00       .00         11       28,536       42,459.60       1.49       1678.588       3859.96         0       0       .00       .00       .000       .00         0       0       .00       .00       .000       .00         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       <td< td=""><td>11         28,536         42,459.60         1.49         1678.588         3859.96         2           0         0         .00         .00         .000         .00         .00           11         28,536         42,459.60         1.49         1678.588         3859.96         2           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00</td></td<></td></t<></td>	11       28,536       42,459.60       1.49         0       0       .00       .00         11       28,536       42,459.60       1.49         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00 <t< td=""><td>11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00</td><td>11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000</td><td>11       28,536       42,459.60       1.49       1678.588       3859.96         0       0       .00       .00       .00       .00         11       28,536       42,459.60       1.49       1678.588       3859.96         0       0       .00       .00       .000       .00         0       0       .00       .00       .000       .00         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       <td< td=""><td>11         28,536         42,459.60         1.49         1678.588         3859.96         2           0         0         .00         .00         .000         .00         .00           11         28,536         42,459.60         1.49         1678.588         3859.96         2           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00</td></td<></td></t<>	11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00	11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         11       28,536       42,459.60       1.49       1678.588         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000	11       28,536       42,459.60       1.49       1678.588       3859.96         0       0       .00       .00       .00       .00         11       28,536       42,459.60       1.49       1678.588       3859.96         0       0       .00       .00       .000       .00         0       0       .00       .00       .000       .00         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0 <td< td=""><td>11         28,536         42,459.60         1.49         1678.588         3859.96         2           0         0         .00         .00         .000         .00         .00           11         28,536         42,459.60         1.49         1678.588         3859.96         2           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00</td></td<>	11         28,536         42,459.60         1.49         1678.588         3859.96         2           0         0         .00         .00         .000         .00         .00           11         28,536         42,459.60         1.49         1678.588         3859.96         2           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,525
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----343 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,899 39.16 11.367 \$ 472.75 \$ 445.18 @TOTAL, ALL PROVIDERS 323 152,698.12 56 @PHYSICIANS SERVICES 148 \$ 2,992.99 \$ 20.22 .431 \$ 53.45 \$ 8.73 OUTPATIENT VISITS 5 5 280.16 56.03 .015 56.03 .82 OFFICE VISITS 3 3 85.50 28.50 .009 28.50 .25 .00 HOME VISITS 0 0 .00 .00 .000 .00 EMERGENCY ROOM 68.35 68.35 .003 68.35 .20 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 126.31 126.31 .003 126.31 .37 .00 .00 .000 .00 OTHER OUTPATIENT .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .000 CRITICAL CARE .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .00 EXAMINATIONS .00 .000 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 65.99 9.43 .020 65.99 .19 INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 ANESTHESIOLOGIST 65.99 9.43 .020 65.99 .19

OUTPATIENT SURGERY	2	3		235.68		78.56	.009	117.84		.69
PRINCIPAL SURGEON	2	3		235.68		78.56	.009	117.84		.69
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	8	12		383.25		31.94	.035	47.91		1.12
RADIOLOGY	10	13		255.91		19.69	.038	25.59		.75
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	37	108		1,772.00		16.41	.315	47.89		5.17
@PHARMACY	249	1,049	\$	107,272.33	\$	102.26	3.058	\$ 430.81	\$	312.75
PRESCRIPTION DRUGS	248	875		107,201.41		122.52	2.551	432.26		312.54
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	248	875		107,201.41		122.52	2.551	432.26		312.54
MEDICAL SUPPLIES	1	174		70.92		.41	.507	70.92		.21
@DENTIST	1	9	\$	137.00	\$	15.22	.026	\$ 137.00	\$	.40
VISITS - DIAGNOSTIC	1	8		80.00		10.00	.023	80.00		.23
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	1		57.00		57.00	.003	57.00		.17
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU D	EC 2002	PI	AGE 9,526
MOP024	FEE-FOR-SERVICE/DE	NTAL								01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICE		o soc	- DISABLED 64	6G 6H	6U 6V 6X	8G			
		-						NTHLY AVERA	GE -	
343 ELIGIBLES	USERS UN	ITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS			COST PER
_										

						1.1	.0141		ш	
343 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	14	43	\$ 786.60	\$	18.29	.125	\$	56.19	\$	2.29
DIAGNOSTIC AND ANC. PROCED	3	3	142.35		47.45	.009		47.45		.42
EYE APPLIANCES	12	34	563.92		16.59	.099		46.99		1.64
OTHER OPTOMETRIC SERVICES	3	6	80.33		13.39	.017		26.78		.23
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	3	7	\$ 215.14	\$	30.73	.020	\$	71.71	\$	.63
MEDICINE/INJECTIONS	2	5	107.00		21.40	.015		53.50		.31
SURGERY/ANES.	2	2	108.14		54.07	.006		54.07		.32
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	78	384	\$ 19,584.65	\$	51.00	1.120	\$	251.09	\$	57.10
HOSP INPATIENT TOTAL	4	36	7,642.00		212.28	.105		1910.50		22.28
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	1	6		5,226.00		871.00	.017	5226.00		15.24
ACCOMMODATIONS	1	6		5,225.81		870.97	.017	5225.81		15.24
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	6		5,225.81		870.97	.017	5225.81		15.24
ANCILLARIES	1	0		.19		.00	.000	.19		.00
INPATIENT CROSSOVERS	3	30		2,416.00		80.53	.087	805.33		7.04
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	76	348		11,942.65		34.32	1.015	157.14		34.82
MEDICAL	13	18		1,096.84		60.94	.052	84.37		3.20
SURGERY	1	2		471.00		235.50	.006	471.00		1.37
PATHOLOGY	14	48		750.30		15.63	.140	53.59		2.19
RADIOLOGY	8	9		754.12		83.79	.026	94.27		2.20
ROOM USE	15	18		1,527.59		84.87	.052	101.84		4.45
CROSSOVERS/ALL OTH OUTPTNT	59	253		7,342.80		29.02	.738	124.45		21.41
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT R	REPOR	RT FOR JAN 2	2002 THRU DE	C 2002	PA	GE 9,527
MOP024	FEE-FOR-SERVICE/									01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR MN - NC	SOC	- DISABLED 64	6G 6	6H 6U 6V 6X				
							MON		-	
343 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		JERAGE COST		COST PER		OST PER
_		OR DAYS OF CARE						USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	78	384	\$	19,584.65	\$		1.120 \$		Ş	57.10
COMM HOSP INPATIENT TOTAL	4	36		7,642.00		212.28	.105	1910.50		22.28
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	6		5,226.00		871.00	.017	5226.00		15.24
ACCOMMODATIONS	1	6		5,225.81		870.97	.017	5225.81		15.24
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00

0

6

3

0

76

13

1

14

8

15

0

30

0

348

18

2

48

9

18

TRANSITIONAL IP CARE ALL OTHER ACCOM

COMM HOSP OUTPATIENT TOTAL

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

.00

5,225.81

2,416.00

.00

11,942.65

1,096.84

471.00

750.30

754.12

1,527.59

.19

.00

870.97

.00

80.53

.00

34.32

60.94

235.50

15.63

83.79

84.87

.000

.017

.000

.087

.000

1.015

.052

.006

.140

.026

.052

.00

5225.81

.19

805.33

.00

84.37

471.00

53.59

94.27

101.84

157.14

.00

15.24

.00

7.04

.00

34.82

3.20

1.37

2.19

2.20

4.45

CROSSOVERS/ALL OTH OUTPTNT	59	253		7,342.80		29.02	.738		124.45		21.41
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	42	\$	383.90	\$	9.14	.122	\$	63.98	\$	1.12
PATHOLOGY	6	42		383.90		9.14	.122		63.98		1.12
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	86	145	\$	10,937.43	\$	75.43	.423	\$	127.18	\$	31.89
CLINIC	3	3		208.87		69.62	.009		69.62		.61
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	85	142		10,728.56		75.55	.414		126.22		31.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	JRES M	ONTH-OF-PAYMENT	REPOR'	T FOR JAN	2002 THRU	DEC	2002	PA	AGE 9,528
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN - 1	NO SOC	- DISABLED 64	6G 6	H 6U 6V 6X	8G				
							M	ONT	HLY AVERA	GE -	
343 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAL	RE		PE:	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	39	2,072	\$	10,388.08	\$	5.01	6.041	\$	266.36	\$	30.29

343 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER							
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE							
@ALL OTHER PROVIDERS	39	2 <b>,</b> 072 \$	10,388.08	\$ 5.01	6.041 \$	266.36	\$ 30.29							
DURABLE MED. EQUIP.	2	14	1,674.09	119.58	.041	837.05	4.88							
BLOOD BANK	0	0	.00	.00	.000	.00	.00							
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00							
MEDICAL TRANSPORTATION	3	22	345.19	15.69	.064	115.06	1.01							
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00							
OTHER TRANS	0	0	.00	.00	.000	.00	.00							
OTHER SERVICES	3	22	345.19	15.69	.064	115.06	1.01							
ACUPUNCTURE	1	2	32.44	16.22	.006	32.44	.09							
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00							
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00							
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00							
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00							
OPTICIAN	13	32	319.22	9.98	.093	24.56	.93							
PHYSICAL THERAPIST	2	26	359.82	13.84	.076	179.91	1.05							
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00							
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00							
PROSTHETICS	0	0	.00	.00	.000	.00	.00							
ORTHOTICS	0	0	.00	.00	.000	.00	.00							
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00							
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00							

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	14		260.19	18.59	.041	260.19	.76
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	1,962		7,397.13	3.77	5.720	410.95	21.57
@CALIF. CHILDREN SERVICES*	1	13	\$	1,646.55	\$ 126.66	.038	\$ 1646.55	\$ 4.80
@XOVER EXCLUDING STATE HOSP**	87	1,296	\$	8 <b>,</b> 503.77	\$ 6.56	3.778	\$ 97.74	\$ 24.79
0+ momaic in murce times are civen		TATEODATABLEON	THEM ON	T 37 -				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,529
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

					MONTHLY AVERAGE						
12,353 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE				
@TOTAL, ALL PROVIDERS	6 <b>,</b> 078	33,091	\$ 2,578,324.57	\$ 77.92	2.679	\$ 424.21	\$ 208.72				
@PHYSICIANS SERVICES	928	3,027	\$ 135,940.37	\$ 44.91	.245	\$ 146.49	\$ 11.00				
OUTPATIENT VISITS	216	240	10,931.50	45.55	.019	50.61	.88				
OFFICE VISITS	122	133	6,032.02	45.35	.011	49.44	.49				
HOME VISITS	0	0	.00	.00	.000	.00	.00				
EMERGENCY ROOM	44	47	2,158.15	45.92	.004	49.05	.17				
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00				
OB VISITS/COMPRE PERI	15	18	1,485.14	82.51	.001	99.01	.12				
OTHER OUTPATIENT	39	42	1,256.19	29.91	.003	32.21	.10				
INPATIENT VISITS	98	392	26,468.00	67.52	.032	270.08	2.14				
HOSPITAL VISITS	92	271	12,147.45	44.82	.022	132.04	.98				
CRITICAL CARE	13	121	14,320.55	118.35	.010	1101.58	1.16				
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00				
OPHTHALMOLOGICAL SERVICES	4	4	176.12	44.03	.000	44.03	.01				

EXAMINATIONS	4	4		176.12	44.0	.000	44.03		.01
SERVICES AND MATERIALS	0	0		.00	.00				.00
INPATIENT HOSPITAL SURGERY	88	459		41,262.48	89.90				3.34
PRINCIPAL SURGEON	62	73		34,039.77	466.30		549.03		2.76
ASSISTANT SURGEON	12	12		1,791.64	149.30		149.30		.15
ANESTHESIOLOGIST	26	374		5,431.07	14.5		208.89		.44
OUTPATIENT SURGERY	36	105		6,432.33	61.2		178.68		.52
PRINCIPAL SURGEON	27	34		5,036.29	148.13		186.53		.41
ASSISTANT SURGEON	0	0		.00	.00		.00		.00
ANESTHESIOLOGIST	10	71		1,396.04	19.6		139.60		.11
DIALYSIS	0	0		.00	.00		.00		.00
PATHOLOGY	139	234		7,951.63	33.9		57.21		.64
RADIOLOGY	507	858		24,277.07	28.2				1.97
PSYCHIATRY	0	0		.00	.00				.00
IMMUNIZATION AND INJECTION	8	503		7,518.22	14.9				.61
OTHER SERVICES/ALL X-OVERS	116	232		10,923.02	47.08		94.16		.88
@PHARMACY	3,328	8,716	\$	518,196.15	\$ 59.45				41.95
PRESCRIPTION DRUGS	3,312	8,213	т	453,236.76	55.1		136.85	τ	36.69
SNF/ICF	3	16		691.59	43.22				.06
OUTPATIENTS	3,312	8,197		452,545.17	55.2				36.63
MEDICAL SUPPLIES	32	503		64,959.39	129.1		2029.98		5.26
@DENTIST	99	555	\$	26,020.31	\$ 46.88			\$	2.11
VISITS - DIAGNOSTIC	71	246	•	4,041.95	16.43		56.93		.33
ORAL SURGERY	23	115		9,289.00	80.7		403.87		.75
DRUGS	14	22		288.36	13.1		20.60		.02
ANESTHESIA	13	13		1,300.00	100.00		100.00		.11
PERIODONTICS	1	1		200.00	200.00	.000	200.00		.02
ENDODONTICS	12	34		3,420.00	100.5	.003	285.00		.28
RESTORATIVE DENTISTRY	30	106		5,743.00	54.18		191.43		.46
PROSTHETICS	1	1		30.00	30.00		30.00		.00
DENTURES, STAYPLATES	2	2		95.00	47.50		47.50		.01
SPACE MAINTAINERS	3	4		533.00	133.2	.000	177.67		.04
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000	50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	8	9		1,030.00	114.4	.001	128.75		.08
ALL OTHER SERVICES	1	1		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT FOR J	AN 2002 THRU	DEC 2002	PA	AGE 9,530
MOP024	FEE-FOR-SERVICE/DEN	ΓAL							01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	м 34 39 3n 3т 3v 5	54 59 5J 5W	-5Y 6J			
							AUDITA ATTEN	7 CE	

----- MONTHLY AVERAGE -----12,353 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 306 822 20,270.44 24.66 .067 \$ 66.24 \$ 1.64 DIAGNOSTIC AND ANC. PROCED 222 224 10,108.37 45.13 .018 45.53 .82 564 EYE APPLIANCES 209 9,487.78 16.82 .046 45.40 .77 29 34 674.29 19.83 .003 23.25 .05 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 4 66.88 \$ 16.72 .000 \$ 66.88 \$ .01 1 1 66.88 16.72 66.88 VISITS 4 .000 .01 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 29 41 2,476.25 60.40 .003 \$ .20 @PODIATRIST 85.39 \$ MEDICINE/INJECTIONS 26 30 922.81 30.76 .002 35.49 .07 SURGERY/ANES. 4 6 1,246.62 207.77 .000 311.66 .10 1 .00 RADIO./PATHOLOGY 17.30 17.30 .000 17.30 72.38 .02 OTHER 4 289.52 .000 144.76 9 @HOME HEALTH AGENCY 36 2,253.17 \$ 62.59 .003 \$ 250.35 \$ .18 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00

NURSE MIDWIFE	5	62	\$	2,189.88	\$	35.32	.005	\$ 437.98	\$	.18
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000			.00
@TOTAL HOSPITAL	1,628	7,538	\$	977,877.35	\$	129.73	.610	\$ 600.66	\$	79.16
HOSP INPATIENT TOTAL	113	510		740,613.82		1452.18	.041	6554.10		59.95
HSC HOSPITALS	14	133		203,826.00		1532.53	.011	14559.00		16.50
NON-HSC HOSPITAL TOTAL	99	377		536,787.82		1423.84	.031	5422.10		43.45
ACCOMMODATIONS	99	377		204,282.24		541.86	.031	2063.46		16.54
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	99	377		204,282.24		541.86	.031	2063.46		16.54
ANCILLARIES	99	0		332,505.58		.00	.000	3358.64		26.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	1	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,572	7,028		237,263.53		33.76	.569	150.93		19.21
MEDICAL	1,010	1,405		59,801.30		42.56	.114	59.21		4.84
SURGERY	131	172		16,920.83		98.38	.014	129.17		1.37
PATHOLOGY	549	1,803		19,427.47		10.78	.146	35.39		1.57
RADIOLOGY	431	618		50,981.07		82.49	.050	118.29		4.13
ROOM USE	1,106	1,514		60,030.36		39.65	.123	54.28		4.86
CROSSOVERS/ALL OTH OUTPTNT	658	1,516		30,102.50		19.86	.123	45.75		2.44
@COUNTY HOSPITAL TOTAL	0	0	\$	37.56	\$	.00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		37.56		.00	.000	.00		.00
MEDICAL	0	0		14.54		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		23.02		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		JRES N	MONTH-OF-PAYMENT RI	EPOR	RT FOR JAN	2002 THRU	DEC 2002	PF	AGE 9,531
MOP024	FEE-FOR-SERVICE/DEN	ITAL								01/17/03

----- MONTHLY AVERAGE -----12,353 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,628 7,538 \$ 977,839.79 .610 \$ 600.64 \$ 79.16 @COMMUNITY HOSPITAL TOTAL \$ 129.72 510 1452.18 COMM HOSP INPATIENT TOTAL 113 740,613.82 .041 6554.10 59.95 532.53 423.84 541.86 .00 .00 541.86 .00 HSC HOSPITALS 14 133 203,826.00 1532.53 .011 14559.00 16.50 NON-HSC HOSPITALS TOTAL 99 377 536,787.82 1423.84 5422.10 43.45 .031 99 377 204,282.24 541.86 2063.46 16.54 ACCOMMODATIONS .031 0 0 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 0 0 .00 .00 TRANSITIONAL IP CARE .000 377 .031 99 204,282.24 541.86 2063.46 ALL OTHER ACCOM 16.54 .00 ANCILLARIES 99 0 332,505.58 .000 3358.64 26.92 INPATIENT CROSSOVERS 0 0 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

PLUMAS COUNTY

COMM HOSP OUTPATIENT TOTAL	1,572	7,028		237,225.97		33.75	.569		150.91		19.20
MEDICAL	1,010	1,405		59,786.76		42.55	.114		59.19		4.84
SURGERY	131	172		16,920.83		98.38	.014		129.17		1.37
PATHOLOGY	549	1,803		19,427.47		10.78	.146		35.39		1.57
RADIOLOGY	431	618		50,981.07		82.49	.050		118.29		4.13
ROOM USE	1,106	1,514		60,007.34		39.63	.123		54.26		4.86
CROSSOVERS/ALL OTH OUTPINT	1 <b>,</b> 106 658	1,516		30,102.50		19.86	.123		45.75		2.44
@STATE HOSPITAL	0	_,	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	4	.00	т	.00	.000	т.	.00	т.	.00
DEVELOP. DISABLED	0	Ő		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTER BASED	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	ċ	.00	ċ	.00
ICF DDH	0	0	Ą	.00	ې	.00	.000	Ą	.00	Ą	.00
	0	0							.00		
ICF DD	0	0		.00		.00	.000				.00
ICF DDN/DDCN	U	•	Ċ	.00	Ċ	.00	.000	ċ	.00	Ċ	.00
@HEMODIALYSIS TOTAL	1	1	\$	240.91	\$	240.91	.000	Ş	240.91	Þ	.02
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	Ţ	1	_	240.91	_	240.91	.000	_	240.91	_	.02
@REHABILITATION FACILITY HOSPITAL BASED	2	12	\$	209.21	\$	17.43	.001	Ş		Ş	.02
	2	12		209.21		17.43	.001		104.61		.02
INDEPENDENT FACILITY	0 325	0		.00		.00	.000		.00		.00
·		644	\$	12,174.82	\$		.052	\$	37.46	\$	.99
PATHOLOGY	325	644		12,174.82		18.91	.052		37.46		.99
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,135	5,309	\$	793,366.53		149.44	.430	\$		\$	64.22
CLINIC	34	125		4,485.51		35.88	.010		131.93		.36
SURGICENTER	4	15		389.07		25.94	.001		97.27		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3 <b>,</b> 109	5 <b>,</b> 169		788,491.95		152.54	.418		253.62		63.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT F	REPORT	r for Jan :	2002 THRU	DEC	2002	P	AGE 9,532
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR MN-NOSC	C-FA	M 34 39 3N 3T 3V	54 59	9 5J 5W-5Y	6J				
							M	ONTE	HLY AVERA	GE ·	
12,353 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CARE	C		PEI	R UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	642	6,324	\$	87,042.30	\$	13.76	.512	\$	135.58	\$	7.05
DURABLE MED. EQUIP.	6 0	38		8,735.92		229.89	.003		1455.99		.71
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAI MDANCDODMAMION	(7	1 010		47 E40 CC		24 70	1		700 70		2 05

47,549.66

29,324.66

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27

MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST

GENETIC DISEASE TESTING

OTHER TRANS

ACUPUNCTURE

OPTICIAN

OTHER SERVICES

PHYSICAL THERAPIST

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3	221.99	74.00	.000	74.00	.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	3	3	221.99	74.00	.000	74.00	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	298	1,260	15,174.30	12.04	.102	50.92	1.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	2,522	5,237.81	2.08	.204	201.45	.42
@CALIF. CHILDREN SERVICES*	24	1,285	\$ 68,934.45	\$ 53.65	.104	\$ 2872.27	\$ 5.58
@XOVER EXCLUDING STATE HOSP**	10	23	\$ 635.58	\$ 27.63	.002	\$ 63.56	\$ .05

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,533 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

FLOMAS COUNTI	SUMMARI OF SER	VICES FOR ZO MEDICA	ALLI IV	EEDI - NO SOC				
								GE
13,160 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6 <b>,</b> 771	68 <b>,</b> 008 \$		2,931,072.74	\$ 43.10	5.168		
@PHYSICIANS SERVICES	1,045	3 <b>,</b> 390 \$	5	141,636.59	\$ 41.78	.258	\$ 135.54	\$ 10.76
OUTPATIENT VISITS	221	245		11,211.66	45.76	.019	50.73	.85
OFFICE VISITS	125	136		6 <b>,</b> 117.52	44.98	.010	48.94	.46
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	45	48		2,226.50	46.39	.004	49.48	.17
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	16	19		1,611.45	84.81	.001	100.72	.12
OTHER OUTPATIENT	39	42		1,256.19	29.91	.003	32.21	.10
INPATIENT VISITS	98	392		26,468.00	67.52	.030	270.08	2.01
HOSPITAL VISITS	92	271		12,147.45	44.82	.021	132.04	.92
CRITICAL CARE	13	121		14,320.55	118.35	.009	1101.58	1.09
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		176.12	44.03	.000	44.03	.01
EXAMINATIONS	4	4		176.12	44.03	.000	44.03	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	89	466		41,328.47	88.69	.035	464.36	3.14
PRINCIPAL SURGEON	62	73		34,039.77	466.30	.006	549.03	2.59
ASSISTANT SURGEON	12	12		1,791.64	149.30	.001	149.30	.14
ANESTHESIOLOGIST	27	381		5,497.06	14.43	.029	203.59	.42
OUTPATIENT SURGERY	38	108		6,668.01	61.74	.008	175.47	.51
PRINCIPAL SURGEON	29	37		5,271.97	142.49	.003	181.79	.40
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	71		1,396.04	19.66	.005	139.60	.11
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	147	246		8,334.88	33.88	.019	56.70	.63
RADIOLOGY	517	871		24,532.98	28.17	.066	47.45	1.86
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	503		7,518.22	14.95	.038	939.78	.57
OTHER SERVICES/ALL X-OVERS	214	555		15,398.25	27.74	.042	71.95	1.17
@PHARMACY	3 <b>,</b> 859	11,062 \$	3	694,095.75	\$ 62.75	.841	\$ 179.86	\$ 52.74
PRESCRIPTION DRUGS	3,840	10,259		628,195.56	61.23	.780	163.59	47.74

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

CNE / TOE	1.2	4.6		2 170 42		47 26	000		167 57		17
SNF/ICF	13	46		2,178.43		47.36	.003		167.57		.17
OUTPATIENTS	3,830	10,213		626,017.13		61.30	.776		163.45		47.57
MEDICAL SUPPLIES	40	803		65,900.19		82.07	.061		1647.50		5.01
@DENTIST	103	579	\$	26,765.31	\$	46.23		\$	259.86	Ş	2.03
VISITS - DIAGNOSTIC	74	258		4,231.95		16.40	.020		57.19		.32
ORAL SURGERY	24	123		9,600.00		78.05	.009		400.00		.73
DRUGS	14	22		288.36		13.11	.002		20.60		.02
ANESTHESIA	14	14		1,400.00		100.00	.001		100.00		.11
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.02
ENDODONTICS	12	34		3,420.00		100.59	.003		285.00		.26
RESTORATIVE DENTISTRY	32	109		5,887.00		54.01	.008		183.97		.45
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	2	2		95.00		47.50	.000		47.50		.01
SPACE MAINTAINERS	3	4		533.00		133.25	.000		177.67		.04
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000		50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	8	9		1,030.00		114.44	.001		128.75		.08
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2002 THRU I	DEC	2002	PI	AGE 9,534
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDI	CALI	LY NEEDY - NO SOC							
							MC	NTI	HLY AVERA	GE -	
13,160 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3 (	COST PER	(	COST PER
•		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@OPTOMETRIST	339	900	\$	21,658.86	\$	24.07	.068	\$	63.89	\$	1.65
DIAGNOSTIC AND ANC. PROCED	229	231	·	10,322.20		44.68	.018		45.08	·	.78
EYE APPLIANCES	230	620		10,439.37		16.84	.047		45.39		.79
OTHER OPTOMETRIC SERVICES	39	49		897.29		18.31	.004		23.01		.07
@CHIROPRACTOR	1	4	\$	66.88	Ś	16.72		Ś	66.88	Ś	.01
VISITS	1	4	'	66.88	'	16.72	.000		66.88		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	33	50	\$	2,836.15	\$	56.72	.004	\$	85.94	Ś	.22
V		0.0	,	=,000.10	т						

MEDICINE/INJECTIONS	28	35	1,029.81	29.42	.003	36.78	.08
SURGERY/ANES.	6	8	1,354.76	169.35	.001	225.79	.10
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	3	6	434.28	72.38	.000	144.76	.03
@HOME HEALTH AGENCY	9	36 \$	2,253.17	\$ 62.59	.003 \$	250.35	\$ .17
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	5	62 \$	2,189.88	\$ 35.32	.005 \$	437.98	\$ .17
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	1,775	8,212 \$	1,011,906.35	\$ 123.22	.624 \$	570.09	\$ 76.89
HOSP INPATIENT TOTAL	123	584	758,791.90	1299.30	.044	6169.04	57.66
HSC HOSPITALS	14	133	203,826.00	1532.53	.010	14559.00	15.49
NON-HSC HOSPITAL TOTAL	101	387	548,529.90	1417.39	.029	5430.99	41.68
ACCOMMODATIONS	101	387	210,468.05	543.85	.029	2083.84	15.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	101	387	210,468.05	543.85	.029	2083.84	15.99
ANCILLARIES	101	0	338,061.85	.00	.000	3347.15	25.69
INPATIENT CROSSOVERS	8	64	6,436.00	100.56	.005	804.50	.49
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,712	7,628	253,114.45	33.18	.580	147.85	19.23
MEDICAL	1,024	1,424	60,949.36	42.80	.108	59.52	4.63
SURGERY	132	174	17,391.83	99.95	.013	131.76	1.32
PATHOLOGY	563	1,851	20,177.77	10.90	.141	35.84	1.53
RADIOLOGY	439	627	51,735.19	82.51	.048	117.85	3.93
ROOM USE	1,121	1,532	61,557.95	40.18	.116	54.91	4.68
CROSSOVERS/ALL OTH OUTPINT	780	2,020	41,302.35	20.45	.153	52.95	3.14
@COUNTY HOSPITAL TOTAL	0	0 \$	37.56	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	37.56	.00	.000	.00	.00
MEDICAL	0	0	14.54	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	23.02	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	ITH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 9,535
MOP024	FEE-FOR-SERVICE						01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDICALLY	NEEDY - NO SOC				
					MON'	THLY AVERA	GE
13,160 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,775	8,212 \$	1,011,868.79	\$ 123.22	.624 \$		
COMM HOSP INPATIENT TOTAL	123	584	758,791.90	1299.30	.044	6169.04	57.66
HSC HOSPITALS	14	133	203,826.00	1532.53	.010	14559.00	15.49
NON-HSC HOSPITALS TOTAL	101	387	548,529.90	1417.39	.029	5430.99	41.68
ACCOMMODATIONS	101	387	210,468.05	543.85	.029	2083.84	15.99

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	101	387		210,468.05		543.85	.029		2083.84		15.99
ANCILLARIES	101	0		338,061.85		.00	.000		3347.15		25.69
INPATIENT CROSSOVERS	8	64		6,436.00		100.56	.005		804.50		.49
ALL OTHER INPATIENT	1	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,712	7 <b>,</b> 628		253 <b>,</b> 076.89		33.18	.580		147.83		19.23
MEDICAL	1,024	1,424		60,934.82		42.79	.108		59.51		4.63
SURGERY	132	174		17,391.83		99.95	.013		131.76		1.32
PATHOLOGY	563	1,851		20,177.77		10.90	.141		35.84		1.53
RADIOLOGY	439	627		51,735.19		82.51	.048		117.85		3.93
ROOM USE	1,121	1,532		61,534.93		40.17	.116		54.89		4.68
CROSSOVERS/ALL OTH OUTPTNT	780 0	2,020	Ċ	41,302.35	\$	20.45	.153	ċ	52.95	ċ	3.14
@STATE HOSPITAL	0	0	\$	.00	Ą	.00	.000	Ş	.00	\$	.00
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	14	265	\$	47,548.55	\$	179.43		\$	3396.33	Ċ	3.61
LEV A-INTERMEDIATE	0	0	Ą	.00	Ą	.00	.020	ې	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	265		47,548.55		179.43	.020		3396.33		3.61
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	13	\$	4,693.94	\$	361.07	.001	\$	426.72	\$	.36
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	13		4,693.94		361.07	.001		426.72		.36
@REHABILITATION FACILITY	2	12	\$	209.21	\$	17.43	.001	Ş	104.61	Ş	.02
HOSPITAL BASED	2	12		209.21		17.43	.001		104.61		.02
INDEPENDENT FACILITY	0 335	0 692	Ċ	.00	Ċ	.00 18.26	.000	ċ	.00 37.71	ċ	.00
@LABORATORY FACILITY PATHOLOGY	331	686	\$	12,634.40 12,558.72	\$	18.26	.053	Ş	37.71	Ş	.96 .95
XO AND OTHERS	4	6		75.68		12.61	.000		18.92		.01
@ORGANIZED OUTPATIENT CLINIC	3,333	5,676	\$	821,086.12	\$	144.66	.431	S	246.35	Ś	62.39
CLINIC	37	128	٧	4,694.38	Υ	36.67	.010	Y	126.88	Ψ	.36
SURGICENTER	4	15		389.07		25.94	.001		97.27		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,306	5,533		816,002.67		147.48	.420		246.82		62.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT R	EPOR'	r for jan 2	2002 THRU	DEC	2002	P.	AGE 9,536
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	DICALI	LY NEEDY - NO SOC							
									HLY AVERA	-	
13,160 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
0311 05455 55044555	7.00	OR DAYS OF CAR		141 401 50		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	730	37,055	\$	141,491.58	\$	3.82	2.816	Ş	193.82	\$	10.75
DURABLE MED. EQUIP. BLOOD BANK	8	52 0		10,410.01		200.19	.004		1301.25		.79 .00
HEARING AID DISPENSERS	6	14		360.48		25.75	.001		60.08		.03
MEDICAL TRANSPORTATION	84	30,518		90,756.23		2.97	2.319		1080.43		6.90
AMBULANCES/AIR TRANS	66	1,908		29,324.66		15.37	.145		444.31		2.23
OTHER TRANS	11	28,536		42,459.60		1.49	2.168		3859.96		3.23
OTHER SERVICES	17	74		18,971.97		256.38	.006		1116.00		1.44
ACUPUNCTURE	3	10		173.01		17.30	.001		57.67		.01

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	43	45	3,894.00	86.53	.003	90.56	.30
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	200	433	4,303.33	9.94	.033	21.52	.33
PHYSICAL THERAPIST	29	167	2,626.32	15.73	.013	90.56	.20
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3	221.99	74.00	.000	74.00	.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	3	3	221.99	74.00	.000	74.00	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	3.34	1.67	.000	3.34	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	299	1,274	15,434.49	12.11	.097	51.62	1.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	4,537	13,308.38	2.93	.345	204.74	1.01
@CALIF. CHILDREN SERVICES*	25	1,298	\$ 70,581.00	\$ 54.38	.099	\$ 2823.24	\$ 5.36
@XOVER EXCLUDING STATE HOSP**	234	2,031	\$ 29,073.27	\$ 14.31	.154	\$ 124.24	\$ 2.21

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,537
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----36 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9.722 \$ 908.55 \$ 1362.82 @TOTAL, ALL PROVIDERS 54 350 49,061.68 \$ 140.18 7 24 24.29 .667 \$ 83.26 \$ @PHYSICIANS SERVICES 582.84 \$ 16.19 0 .000 OUTPATIENT VISITS 0 .00 .00 .00 .00 .00 .00 OFFICE VISITS .00 .000 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .00 PREVENTIVE CARE .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 INPATIENT VISITS 12 423.80 35.32 .333 423.80 11.77 HOSPITAL VISITS 12 423.80 35.32 .333 423.80 11.77 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .00 .000 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	12		159.04	13.25	.333	22.72	4.42
@PHARMACY	19	57	\$	4,132.95 \$	72.51	1.583 \$	217.52 \$	114.80
PRESCRIPTION DRUGS	18	54		4,090.82	75.76	1.500	227.27	113.63
SNF/ICF	2	4		146.59	36.65	.111	73.30	4.07
OUTPATIENTS	17	50		3,944.23	78.88	1.389	232.01	109.56
MEDICAL SUPPLIES	1	3		42.13	14.04	.083	42.13	1.17
@DENTIST	1	0 \$	\$	627.00CR \$	.00	.000 \$	627.00CR\$	17.42CR
VISITS - DIAGNOSTIC	1	2		.00	.00	.056	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	2CR		627.00CR	313.50	.056CR	.00	17.42CR
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-O	F-PAYMENT REPOR	RT FOR JAN	2002 THRU DEC	2002	PAGE 9,538
MOP024	FEE-FOR-SERVICE/DENTAL	ı						01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

I HOIM B COONII	DOINTING OF DELIC	VICED IOI	2 2 1111	11000		1110 0	JD11				
							Mo	ГИC	HLY AVERA	GΕ	
36 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		6	\$ 106.22	\$	17.70	.167	\$	53.11	\$	2.95
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	2		6	106.22		17.70	.167		53.11		2.95
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	1		1	\$ 27.50	\$	27.50	.028	\$	27.50	\$	.76
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	1		1	27.50		27.50	.028		27.50		.76
@HOME HEALTH AGENCY	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	11		72	\$ 20 <b>,</b> 963.93	\$	291.17	2.000	\$	1905.81	\$	582.33
HOSP INPATIENT TOTAL	4		32	20,008.65		625.27	.889		5002.16		555.80
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		13	18,088.65		1391.43	.361		18088.65		502.46
ACCOMMODATIONS	1		13	3,120.00		240.00	.361		3120.00		86.67
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		13	3,120.00		240.00	.361		3120.00		86.67
ANCILLARIES	1		0	14,968.65		.00	.000		14968.65		415.80

INPATIENT CROSSOVERS	3	19		1,920.00	101.05	.528	640.00		53.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	7	40		955.28	23.88	1.111	136.47	2	26.54
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	7	40		955.28	23.88	1.111	136.47	2	26.54
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MONTH	-OF-PAYMENT REF	PORT FOR JAN	2002 THRU D	EC 2002	PAGE	9,539
MOP024	FEE-FOR-SERVICE/DENTAL							0.2	L/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	29 MN	- SOC - A	GED	AID C				
						MO	NTHLY AVERAG	SE	

36 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	72	\$	20,963.93	\$	291.17			1905.81	\$	582.33
COMM HOSP INPATIENT TOTAL	4	32		20,008.65		625.27	.889		5002.16		555.80
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	13		18,088.65		1391.43	.361		18088.65		502.46
ACCOMMODATIONS	1	13		3,120.00		240.00	.361		3120.00		86.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	13		3,120.00		240.00	.361		3120.00		86.67
ANCILLARIES	1	0		14,968.65		.00	.000		14968.65		415.80
INPATIENT CROSSOVERS	3	19		1,920.00		101.05	.528		640.00		53.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7	40		955.28		23.88	1.111		136.47		26.54
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	7	40		955.28		23.88	1.111		136.47		26.54
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	148	\$	22,038.82	\$	148.91		\$	3673.14	\$	612.19
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	148		22,038.82		148.91	4.111		3673.14		612.19
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	<b>^</b>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	Ċ	.00	Ċ	.00	.000	ć	.00	ć	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	Þ	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	17	24	\$	1,401.86	\$	58.41	.667	Ċ	.00 82.46	Ċ	38.94
CLINIC CLINIC	0	0	۲	.00	Ų	.00	.000	ې	.00	ې	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	17			1,401.86		50 /1			92 46		38 94
#CALIF DEPT OF HEALTH SERV											
	FEE-FOR-SERVICE		CEO INC	SNIII OF FAIRENT N	EF OIVI	I FOR UAN 2	2002 11110	טייכ	, 2002		01/17/03
PLUMAS COUNTY			SOC	- AGED		AID CO	UDE				01/11/03
I HOPAS COUNTI	DOMMANT OF BENV	ICES FOR 25 FIN	500	AGED		AID CC	M	ONT	HIY AVERA	GE	
36 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVF	ERAGE COST					
00 221012	00110	OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	7	18		434.56							
DURABLE MED. EQUIP.	Ó	0	т	.00		.00					.00
BLOOD BANK	0	0		.00		.00			.00		.00
— • • · · · · · · · · · · · · · ·	Č	· ·		. 3 0			• • • •		• • • •		• • •

0	0	.00		.00	.000		.00		.00
1	4	135.18		33.80	.111		135.18		3.76
1	4	135.18		33.80	.111		135.18		3.76
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
1	2	26.08		13.04	.056		26.08		.72
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0			.00					.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
5	12	273.30		22.78	.333		54.66		7.59
0	0	\$	\$	.00				\$	.00
20	60	\$ 3 <b>,</b> 569.35	\$	59.49	1.667	\$	178.47	\$	99.15
	0 1 1 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0		1       4       135.18         0       0       .00	1       4       135.18         1       4       135.18         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	1       4       135.18       33.80         0       0       .00       .00         0	1       4       135.18       33.80       .111         1       4       135.18       33.80       .111         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0	1       4       135.18       33.80       .111         1       4       135.18       33.80       .111         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0	1       4       135.18       33.80       .111       135.18         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       2       26.08       13.04       .056       26.08         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00	1       4       135.18       33.80       .111       135.18         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       2       26.08       13.04       .056       26.08         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,541
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 .000 \$ @TOTAL, ALL PROVIDERS .00 \$ .00 \$ .00 @PHYSICIANS SERVICES 0 .00 \$ .00 .000 \$ .00 \$ .00 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .000 CRITICAL CARE .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON .00 .00 .000 .00 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	•									
DIALYSIS	U	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
	0	•	<b>^</b>		<b>^</b>			<u> </u>		<u> </u>	
@PHARMACY	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	Ö	\$	.00	\$	.00	.000	\$	.00	\$	.00
-	0		Ş		Ą			Ą		ş	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
RESTORATIVE DENTISTRY	U	U		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000		.00		.00
FRACTURES DISLOCATIONS	()	[]		()()							
FRACTURES, DISLOCATIONS	0	0		.00							
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0	0 0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	ES MON	.00	EPORT	.00	.000	DEC	.00	PA	.00 .00 GE 9,542
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURI DENTAL		.00 .00 TH-OF-PAYMENT RE	EPORT	.00	.000	DEC	.00	PA	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURE		.00 .00 TH-OF-PAYMENT RE	EPORT	.00	.000 .000 002 THRU	DEC	.00	PA	.00 .00 GE 9,542
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURI DENTAL		.00 .00 TH-OF-PAYMENT RE	EPORT	.00 .00 FOR JAN 2	.000 .000 002 THRU		.00 .00 2002		.00 .00 GE 9,542
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURI DENTAL CES FOR 30 MN -		.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 002 THRU	ONTI	.00 .00 2002 HLY AVERA	GE -	.00 .00 GE 9,542 01/17/03
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURI DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE	SOC -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY	.000 .000 002 THRU DE M UNITS/DAY PER ELIG	ONTI S (	.00 .00 2002 HLY AVERA COST PER USER	GE - C E	.00 .00 GE 9,542 01/17/03  OST PER LIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURED DENTAL  CES FOR 30 MN -  UNITS OF SERVICE  OR DAYS OF CARE  0		.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000	ONTI S (	.00 .00 2002 HLY AVERA COST PER USER .00	GE - C	.00 .00 GE 9,542 01/17/03  OST PER LIGIBLE .00
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURIDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S \$ \$ \$ \$ \$	.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S SSSS	.00 .00 .00 GE 9,542 01/17/03  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURIDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$ \$	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	ONTE	.00 .00 .00 2002 HLY AVERAGE OF PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSS	.00 .00 .00 GE 9,542 01/17/03  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLUMAS COUNTY  00 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE/ FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURIDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$ \$	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE	.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSS	.00 .00 .00 GE 9,542 01/17/03  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 \$	.00		.000 \$	.00	
@COUNTY HOSPITAL TOTAL	0	0		•			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC		PAGE 9,543
MOP024	FEE-FOR-SERVICE						01/17/03
PLUMAS COUNTY		JICES FOR 30 MN - SOC	- BLIND	AID CO	DDE		
					MONT	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0	.00	.00	.000		.00
	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	· ·		.00		.00	.00
MEDICAL	•	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXFEE-FOR-SERVICE/DENTAL	PENDITUE	RES MONTH-OF-PA	YMENT RE	PORT E	FOR JAN 2002	THRU	DEC 2	002		9 <b>,</b> 544 /17/03
PLUMAS COUNTY		30 MN -	- SOC - BLIND			AID CODE				01	, 11,00

				MON	ITHLY AVERAGE	Ξ
00 51 1015150	HARRA	INTER OF CERTIFIED	DADDADTEIDEC	ATTERACE COOR TINTERC / DAVIC	COCE DED	GOGE BED

					110111	IIII AVIINO	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
A* TOTALS IN THESE LINES ARE CIVE	IN AS A SEDAR	ATE INFORMATION ITEM O	NT.V.				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,545
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

						MC	NTHLY AVERA	GE	
85 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE	<u>C</u>		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	111	765	\$	69,033.17	\$ 90.24	9.000	\$ 621.92	\$ 812.15	
@PHYSICIANS SERVICES	17	96	\$	762.83	\$ 7.95	1.129	\$ 44.87	\$ 8.97	
OUTPATIENT VISITS	2	3		98.42	32.81	.035	49.21	1.16	
OFFICE VISITS	1	2		53.82	26.91	.024	53.82	.63	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1		44.60	44.60	.012	44.60	.52	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON	U	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		10.08		.00	.000		.00		.12
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	5	9		136.97		15.22	.106		27.39		1.61
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	84		517.36		6.16	.988		51.74		6.09
@PHARMACY	70	444	\$	41,343.94	\$	93.12	5.224	Ś	590.63	Ś	486.40
PRESCRIPTION DRUGS	69	234	Y	41,304.92	۲	176.52	2.753	Y	598.62	٧	485.94
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	69	234		41,304.92		176.52	2.753		598.62		485.94
	1	210		· ·							
MEDICAL SUPPLIES	1	210	Ċ	39.02	\$	.19	2.471	ċ	39.02 .00	ċ	.46
@DENTIST	1		\$	.00	Ş	.00	.071	Ş		Ą	
VISITS - DIAGNOSTIC	1	3		.00		.00	.035		.00		.00
ORAL SURGERY	U	0		.00		.00	.000		.00		.00
DRUGS	Ü	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	3		.00		.00	.035		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	· · · · · · · · · · · · · · · · · · ·	S AND EXPENDITUR	ES MO		EPORT			DEC		PΔ	GE 9,546
MOP024	FEE-FOR-SERVICE/		DD 110.		CDI OICI	1 1010 01110	2002 111110	DLC	2002	L 1.	01/17/03
PLUMAS COUNTY		CES FOR 31 MN -	SOC	- DISARLED A	TD CC	DDES 65 67	6W				01/1//03
I DOMAS COOMII	SOMMAN OF SERVE	CES FOR SI FIN	DOC	DIGADED A	IID CC	05 07		ויידוו∩ו	HLY AVERA	or _	
85 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ 7.77.	EDACE COCE	UNITS/DAY				COST PER
OD ELIGIBLES	OSEKS	OR DAYS OF CARE		EXECUDITORES			PER ELIG		USER		LIGIBLE
A O DELOMETED I CE	5	10	\$	182.78	PEF c	18.28	.118		36.56		2.15
@OPTOMETRIST	J 1		Ş	8.01	Ş	8.01		Ş	8.01	Ą	.09
DIAGNOSTIC AND ANC. PROCED	1	1					.012				
EYE APPLIANCES	3	9		150.77		16.75	.106		50.26		1.77
OTHER OPTOMETRIC SERVICES	1	0	_	24.00		.00	.000	_	24.00	_	.28
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	9	\$	32.47	\$	3.61	.106		32.47	\$	.38
			•		•					-	

EXAMINATIONS

SERVICES AND MATERIALS

INPATIENT HOSPITAL SURGERY

PRINCIPAL SURGEON

0

0

0

0

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.12

NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	26	114 \$	21,010.09	\$ 184.30	1.341	\$ 808.08	\$ 247.18
HOSP INPATIENT TOTAL	4	11	18,860.65	1714.60	.129	4715.16	221.89
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	16,531.66	16531.66	.012	16531.66	194.49
ACCOMMODATIONS	1	1	383.06	383.06	.012	383.06	4.51
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	383.06	383.06	.012	383.06	4.51
ANCILLARIES	1	0	16,148.60	.00	.000	16148.60	189.98
INPATIENT CROSSOVERS	3	10	2,328.99	232.90	.118	776.33	27.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	103	2,149.44	20.87	1.212	93.45	25.29
MEDICAL	2	4	165.90	41.48	.047	82.95	1.95
SURGERY	0	0	45.33	.00	.000	.00	.53
PATHOLOGY	4	17	170.78	10.05	.200	42.70	2.01
RADIOLOGY	3	3	82.42	27.47	.035	27.47	.97
ROOM USE	2	2	53.32	26.66	.024	26.66	.63
CROSSOVERS/ALL OTH OUTPTNT	21	77	1,631.69	21.19	.906	77.70	19.20
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,547
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/17/03
PLUMAS COUNTY			OC - DISABLED A	ID CODES 65 67	6W		, , ,
						NTHLY AVERA	GE
85 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		00 03440 00 0300		DDD 1331TM / D311	DED 5116	HARR	DI TOTRI

					110	111111 1 11111111	OLI
85 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	114 \$	21,010.09	\$ 184.30	1.341	\$ 808.08	\$ 247.18
COMM HOSP INPATIENT TOTAL	4	11	18,860.65	1714.60	.129	4715.16	221.89
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	16,531.66	16531.66	.012	16531.66	194.49
ACCOMMODATIONS	1	1	383.06	383.06	.012	383.06	4.51
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	383.06	383.06	.012	383.06	4.51
ANCILLARIES	1	0	16,148.60	.00	.000	16148.60	189.98
INPATIENT CROSSOVERS	3	10	2,328.99	232.90	.118	776.33	27.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	23	103		2,149.44		20.87	1.212		93.45		25.29
MEDICAL	2	4		165.90		41.48	.047		82.95		1.95
SURGERY	0	0		45.33		.00	.000		.00		.53
PATHOLOGY	4	17		170.78		10.05	.200		42.70		2.01
RADIOLOGY	3	3		82.42		27.47	.035		27.47		. 97
ROOM USE	2	2		53.32		26.66	.024		26.66		.63
CROSSOVERS/ALL OTH OUTPTNT		77		1,631.69		21.19	.906		77.70		19.20
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	•	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	3	\$	852.18	\$	284.06	.035	Ś	426.09	Ś	10.03
HOSPITAL BASED	0	0	т	.00	т	.00	.000	Τ.	.00	Τ.	.00
HEMODIALYSIS CENTER	2	3		852.18		284.06	.035		426.09		10.03
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Ÿ	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	ċ	.00	Ś	.00
-	0	0	Ą		ې	.00	.000	Ş	.00	Ą	
PATHOLOGY	0			.00							.00
XO AND OTHERS	40	0 63	Ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@ORGANIZED OUTPATIENT CLINIC			\$	4,573.92	\$	72.60	.741	Ş	114.35	\$	53.81
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	40	63		4,573.92		72.60	.741		114.35		53.81
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT	' FOR JAN 2	2002 THRU	DEC	2002	P	AGE 9,548
MOP024	FEE-FOR-SERVICE										01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	/ICES FOR 31 MN -	SOC	- DISABLED Al	ID CO	DES 65 67					
							M			GΕ	
85 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	20	\$	274.96	\$	13.75	.235	\$	54.99	\$	3.23
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	11		153.70		13.97	.129		153.70		1.81
AMBULANCES/AIR TRANS	1	11		153.70		13.97	.129		153.70		1.81
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	4	9		121.26		13.47	.106		30.32		1.43
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
	Č	•		. 5 0			• • • •		• • •		• • •

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	32	370	\$ 5 <b>,</b> 097.73	\$ 13.78	4.353	\$ 159.30	\$ 59.97

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,549
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

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						MON	ITHLY AVERA	GE -	
88 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF C	ARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	103	834	\$	60,462.44	\$ 72.50	9.477	587.01	\$	687.07
@PHYSICIANS SERVICES	31	65	\$	4,605.74	\$ 70.86	.739	148.57	\$	52.34
OUTPATIENT VISITS	6	8		320.65	40.08	.091	53.44		3.64
OFFICE VISITS	4	6		207.70	34.62	.068	51.93		2.36
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2		112.95	56.48	.023	56.48		1.28
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OBUIED OURDARTENE	0	0		0.0		0.0	0.00		0.0		0.0
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	1		90.84		90.84	.011		90.84		1.03
HOSPITAL VISITS	1	1		90.84		90.84	.011		90.84		1.03
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	4		1,090.14		272.54	.045		363.38		12.39
PRINCIPAL SURGEON	3	3		928.00		309.33	.034		309.33		10.55
ASSISTANT SURGEON	1	1		162.14		162.14	.011		162.14		1.84
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	3	8		1,988.24		248.53	.091		662.75		22.59
PRINCIPAL SURGEON	3	8		1,988.24		248.53	.091		662.75		22.59
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	6		282.01		47.00	.068		70.50		3.20
RADIOLOGY	18	28		688.19		24.58	.318		38.23		7.82
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	10		145.67		14.57	.114		48.56		1.66
@PHARMACY	45	383	Ś	17,811.31	\$	46.50	4.352	Ś	395.81	Ś	202.40
PRESCRIPTION DRUGS	45	183	·	17,669.99	·	96.56	2.080		392.67		200.80
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	45	183		17,669.99		96.56	2.080		392.67		200.80
MEDICAL SUPPLIES	2	200		141.32		.71	2.273		70.66		1.61
@DENTIST	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Τ.	.00	Ψ	.00	.000	т	.00	т	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0				.00					
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	•	סיומו	.00			.000	DEC	.00	D	.00 AGE 9,550
MOP024		VEFINDIJA	スピン	MONITE-OF-PAIMENT RI	LPUKT	ruk JAN	ZUUZ THKU	חפר	2002	P	AGE 9,550 01/17/03
	FEE-FOR-SERVICE/DENTAL	22 1414	0.0	OC ENMITTED ATD CO	ODE EF	CD 27					01/1//03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	. 32 MIN	- 50	C - FAMILIES AID CO	ODF 2F	( OK 3/			JIV 7/1/207	CE	

----- MONTHLY AVERAGE -----88 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 5 15 \$ 391.75 \$ 26.12 .170 \$ 78.35 \$ 4.45 DIAGNOSTIC AND ANC. PROCED 189.80 47.45 .045 47.45 2.16 4 EYE APPLIANCES 5 11 201.95 18.36 .125 40.39 2.29 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 0 .00 .00 .00 .00 .00 \$ @PODIATRIST .00 .000 \$ .00 \$ .00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00		.00		.00
@HOME HEALTH AGENCY	1	9	Ś	390.13	\$ 43.35			\$	4.43
NURSE ANESTHESIST	1	14	Ś	188.01	\$ 13.43		\$ 188.01	\$	2.14
NURSE MIDWIFE	0	0	Ś	.00	\$ .00		\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$ .00		\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	¢	.00	\$ .00		\$ .00	\$	.00
@TOTAL HOSPITAL	44	247	¢	26,348.41	\$ 106.67		\$ 598.83		299.41
HOSP INPATIENT TOTAL	3	6	Y	19,502.53	3250.42		6500.84	٧	221.62
HSC HOSPITALS	5	0		.00	.00		.00		.00
NON-HSC HOSPITAL TOTAL	0	0							
	ა ი	6		19,502.53	3250.42 463.16		6500.84 926.31		221.62 31.58
ACCOMMODATIONS	5	0		2,778.94					
ADMINISTRATIVE DAYS	0	0		.00	.00		.00		.00
TRANSITIONAL IP CARE	U	0		.00	.00		.00		.00
ALL OTHER ACCOM	3	6		2,778.94	463.16		926.31		31.58
ANCILLARIES	3	0		16,723.59	.00		5574.53		190.04
INPATIENT CROSSOVERS	0	0		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
HOSP OUTPATIENT TOTAL	42	241		6,845.88	28.41		163.00		77.79
MEDICAL	14	21		1,299.43	61.88		92.82		14.77
SURGERY	6	6		670.28	111.71		111.71		7.62
PATHOLOGY	23	96		935.06	9.74		40.65		10.63
RADIOLOGY	17	23		2,285.81	99.38		134.46		25.98
ROOM USE	20	31		1,072.70	34.60		53.64		12.19
CROSSOVERS/ALL OTH OUTPTNT	17	64		582.60	9.10		34.27		6.62
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00		.00		.00
MEDICAL	0	0		.00	.00		.00		.00
SURGERY	0	0		.00	.00		.00		.00
PATHOLOGY	0	0		.00	.00		.00		.00
RADIOLOGY	0	0		.00	.00		.00		.00
ROOM USE	0	0		.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO					P	PAGE 9,551
MOP024	FEE-FOR-SERVICE	,				2002 111110	2002	-	01/17/03
PLUMAS COUNTY		ICES FOR 32 MN -	SOC	- FAMILIES AID CO	ODE 5R 6R 37	1			01,11,00
1201110 000111	001111111111111111111111111111111111111	1020 1010 02 1110	200	111111111111111111111111111111111111111	022 011 011 0		ONTHLY AVERA	AGE.	
88 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAY			COST PER
OO EEIGIBEE	ODLING	OR DAYS OF CARE		BILL BILD I TOTAL		AY PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	247	\$	26,348.41	\$ 106.67				299.41
COMM HOSP INPATIENT TOTAL	3	6	т	19,502.53	3250.42		6500.84	Ψ.	221.62
HSC HOSPITALS	0	0		.00	.00		.00		.00
NON-HSC HOSPITALS TOTAL	3	6		19,502.53	3250.42		6500.84		221.62
ACCOMMODATIONS	3	6		2,778.94	463.16		926.31		31.58
VCCOLII.ODVI I ONO	J	O		2,110.94	402.16	.000	J20.JI		21.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	6		2,778.94		463.16	.068		926.31		31.58
ANCILLARIES	3	0		16,723.59		.00	.000		5574.53		190.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	42	241		6,845.88		28.41	2.739		163.00		77.79
MEDICAL	14	21		1,299.43		61.88	.239		92.82		14.77
SURGERY	6	6		670.28		111.71	.068		111.71		7.62
PATHOLOGY	23	96		935.06		9.74	1.091		40.65		10.63
RADIOLOGY	17	23		2,285.81		99.38	.261		134.46		25.98
ROOM USE	20	31		1,072.70		34.60	.352		53.64		12.19
CROSSOVERS/ALL OTH OUTPTNT	17	64		582.60		9.10	.727		34.27		6.62
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	·	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	Ś	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	т	.00	-7	.00	.000	7	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	Ö	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	-T	.00	.000	7	.00	-	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	8	\$	201.21	\$	25.15	.091	Ś	40.24	Ś	2.29
PATHOLOGY	5	8	т	201.21	Ψ.	25.15	.091	т	40.24	Τ.	2.29
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4 9	79	\$	10,311.61	Ś	130.53		Ś	210.44	Ś	117.18
CLINIC	0	0	Y	.00	Ψ	.00	.000	٧	.00	Υ	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	49	79		10,311.61		130.53	.898		210.44		117.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MON		EPORT			DEC		D	AGE 9,552
MOP024	FEE-FOR-SERVICE/DENTAL		TUDO PION	TIL OF THIRDING KI	LI (IV.	I FOIL DAIN	2002 11110	ب ندر	2002	r.	01/17/03
1101 02 4	FEE FOR SERVICE/ DENTAI				_						01/11/03

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 88 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5 14 \$ 214.27 \$ 15.31 .159 \$ 42.85 \$ 2.43 @ALL OTHER PROVIDERS .00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 .00 .00 BLOOD BANK .u .00c .000 .000 .000 HEARING AID DISPENSERS 0 .00 .00 .00 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION .00 .00 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .00 .00 OTHER SERVICES .00 .00 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PLUMAS COUNTY

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	78.24	13.04	.068	26.08	.89
PHYSICAL THERAPIST	2	8	136.03	17.00	.091	68.02	1.55
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	3	14	\$ 59.66	\$ 4.26	.159	\$ 19.89	\$ .68

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,553 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MON	ITHLY AVERA	GE
209 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	268	1 <b>,</b> 949 \$	178,557.29	\$ 91.61	9.325 \$	666.26	\$ 854.34
@PHYSICIANS SERVICES	55	185 \$	5,951.41	\$ 32.17	.885 \$	108.21	\$ 28.48
OUTPATIENT VISITS	8	11	419.07	38.10	.053	52.38	2.01
OFFICE VISITS	5	8	261.52	32.69	.038	52.30	1.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	157.55	52.52	.014	52.52	.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	13	514.64	39.59	.062	257.32	2.46
HOSPITAL VISITS	2	13	514.64	39.59	.062	257.32	2.46
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	4	1,100.22	275.06	.019	366.74	5.26
PRINCIPAL SURGEON	3	3	928.00	309.33	.014	309.33	4.44
ASSISTANT SURGEON	1	1	162.14	162.14	.005	162.14	.78
ANESTHESIOLOGIST	0	0	10.08	.00	.000	.00	.05
OUTPATIENT SURGERY	3	8	1,988.24	248.53	.038	662.75	9.51
PRINCIPAL SURGEON	3	8	1,988.24	248.53	.038	662.75	9.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	282.01	47.00	.029	70.50	1.35

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	23	37		825.16		22.30	.177	35.88	3.95
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	106		822.07		7.76	.507	41.10	3.93
@PHARMACY	134	884	\$	63,288.20	\$	71.59	4.230 \$	472.30 \$	302.81
PRESCRIPTION DRUGS	132	471		63,065.73		133.90	2.254	477.77	301.75
SNF/ICF	2	4		146.59		36.65	.019	73.30	.70
OUTPATIENTS	131	467		62,919.14		134.73	2.234	480.30	301.05
MEDICAL SUPPLIES	4	413		222.47		.54	1.976	55.62	1.06
@DENTIST	2	6	\$	627.00CR	\$	104.50CF	R .029 \$	313.50CR\$	3.00CR
VISITS - DIAGNOSTIC	2	5		.00		.00	.024	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3		.00		.00	.014	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	2CR		627.00CR		313.50	.010CR	.00	3.00CR
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT REI	PORT	FOR JAN	2002 THRU DE	C 2002	PAGE 9,554
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR 33 MEDI	CALLY	Y NEEDY - SOC					
							MON	ITHLY AVERAGE	3
209 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER	COST PER

COST PER 209 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 12 31 \$ 680.75 \$ 21.96 .148 \$ 56.73 \$ 3.26 DIAGNOSTIC AND ANC. PROCED 5 5 197.81 39.56 .024 39.56 .95

EYE APPLIANCES	10	26		458.94		17.65	.124	45.89		2.20
OTHER OPTOMETRIC SERVICES	1	0		24.00		.00	.000	24.00		.11
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	1	1	\$	27.50	\$	27.50	.005	\$ 27.50	\$	.13
MEDICINE/INJECTIONS	0	0	·	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	1	1		27.50		27.50	.005	27.50		.13
@HOME HEALTH AGENCY	1	9	Ċ	390.13	\$	43.35	.043		\$	1.87
	2	23	ې د	220.48	۶ \$					1.05
NURSE ANESTHESIST	0		ې د			9.59		\$ 110.24	\$	
NURSE MIDWIFE	· · · · · · · · · · · · · · · · · · ·	0	۶	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00	.000		\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000		\$	.00
@TOTAL HOSPITAL	81	433	\$	68,322.43	\$	157.79	2.072		\$	326.90
HOSP INPATIENT TOTAL	11	49		58,371.83		1191.26	.234	5306.53		279.29
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	5	20		54,122.84		2706.14	.096	10824.57		258.96
ACCOMMODATIONS	5	20		6,282.00		314.10	.096	1256.40		30.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	20		6,282.00		314.10	.096	1256.40		30.06
ANCILLARIES	5	0		47,840.84		.00	.000	9568.17		228.90
INPATIENT CROSSOVERS	6	29		4,248.99		146.52	.139	708.17		20.33
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	72	384		9,950.60		25.91	1.837	138.20		47.61
	16	25		1,465.33		58.61	.120	91.58		7.01
MEDICAL	6									
SURGERY		6		715.61		119.27	.029	119.27		3.42
PATHOLOGY	27	113		1,105.84		9.79	.541	40.96		5.29
RADIOLOGY	20	26		2,368.23		91.09	.124	118.41		11.33
ROOM USE	22	33		1,126.02		34.12	.158	51.18		5.39
CROSSOVERS/ALL OTH OUTPINT	45	181		3,169.57		17.51	.866	70.43		15.17
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
MEDICAL	ŭ	•								
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES M	IONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	PΖ	AGE 9,555
MOP024	FEE-FOR-SERVICE/DENTA	L								01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR 33 MED	ICALI	Y NEEDY - SOC						
							M	MONTHLY AVERA	GE -	

----- MONTHLY AVERAGE -----209 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	Ē		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	81	433	\$	68,322.43	\$		2.072			\$	326.90
COMM HOSP INPATIENT TOTAL	11	49		58,371.83		1191.26	.234		5306.53		279.29
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	5	20		54,122.84		2706.14	.096		10824.57		258.96
ACCOMMODATIONS	5	20		6,282.00		314.10	.096		1256.40		30.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	20		6,282.00		314.10	.096		1256.40		30.06
ANCILLARIES	5	0		47,840.84		.00	.000		9568.17		228.90
INPATIENT CROSSOVERS	6	29		4,248.99		146.52	.139		708.17		20.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	72	384		9,950.60		25.91	1.837		138.20		47.61
MEDICAL	16	25		1,465.33		58.61	.120		91.58		7.01
SURGERY	6	6		715.61		119.27	.029		119.27		3.42
PATHOLOGY	27	113		1,105.84		9.79	.541		40.96		5.29
RADIOLOGY	20	26		2,368.23		91.09	.124		118.41		11.33
ROOM USE	22	33		1,126.02		34.12	.158		51.18		5.39
CROSSOVERS/ALL OTH OUTPTNT	45	181		3,169.57		17.51	.866		70.43		15.17
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	·	.00		.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	148	\$	22,038.82	\$	148.91		\$	3673.14	\$	105.45
LEV A-INTERMEDIATE	0	0	'	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	148		22,038.82		148.91	.708		3673.14		105.45
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	Ö	-7	.00	-	.00	.000	т.	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	3	\$	852.18	\$	284.06	.014	Ś	426.09	Ś	4.08
HOSPITAL BASED	0	0	'	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	3		852.18		284.06	.014		426.09		4.08
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	0	\$	201.21	\$	25.15	.038	\$	40.24	\$	.96
PATHOLOGY	5	8		201.21		25.15	.038		40.24		.96
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	106	166	\$	16,287.39	\$	98.12	.794	\$	153.65	\$	77.93
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	106	166		16,287.39			.794		153.65		77.93
	MEDI-CAL SERVIO	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2002 THRU	DEC	2002	F	AGE 9,556
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
PLUMAS COUNTY		VICES FOR 33 MEDI	CALL	Y NEEDY - SOC							
							M	ONT	HLY AVERA	GE	
209 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV:	ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	17	52	\$	923.79	\$	17.77	.249		54.34	\$	4.42
DURABLE MED. EQUIP.	0	0		.00	•	.00	.000		.00		.00
BLOOD BANK	Ω	Ω		0.0		0.0	000		0.0		0.0

BLOOD BANK

.00

.00

.000

.00

HEARING AID DISPENSERS 0 0 0 .00 .00 .00 .00	
MEDICAL TRANSPORTATION 2 15 288.88 19.26 .072 144.44	1.38
AMBULANCES/AIR TRANS 2 15 288.88 19.26 .072 144.44	1.38
OTHER TRANS 0 0 .00 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
ACUPUNCTURE 0 0 0 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00	.00
OPTICIAN 8 17 225.58 13.27 .081 28.20	1.08
PHYSICAL THERAPIST 2 8 136.03 17.00 .038 68.02	.65
PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	.00
	1.31
@CALIF. CHILDREN SERVICES* 0 0 \$ .00 \$ .00 \$ .00 \$	.00
@XOVER EXCLUDING STATE HOSP** 55 444 \$ 8,726.74 \$ 19.65 2.124 \$ 158.67 \$ 4	41.75

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,557 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

I HOMAS COUNTI	DOMINANT OF DEIN	VICES FOR ST IN	штио	AGED	AID CO	מטכ		
						MOI	NTHLY AVERA	GE
1,146 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,101	38 <b>,</b> 717	\$	4,963,388.90	\$ 128.20	33.784	\$ 4508.07	\$ 4331.05
@PHYSICIANS SERVICES	70	134	\$	1,491.61	\$ 11.13	.117	\$ 21.31	\$ 1.30
OUTPATIENT VISITS	1	1		44.60	44.60	.001	44.60	.04
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60	44.60	.001	44.60	.04
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	4	7		169.16		24.17	.006		42.29		.15
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	66	126		1,277.85		10.14	.110		19.36		1.12
@PHARMACY	739	4,148	\$	223,782.82	\$	53.95	3.620	Ś	302.82	Ś	195.27
PRESCRIPTION DRUGS	739	4,148	Ψ	223,782.82	Τ	53.95	3.620	Τ.	302.82	т	195.27
SNF/ICF	706	3,995		219,905.51		55.05	3.486		311.48		191.89
OUTPATIENTS	47	153		3,877.31		25.34	.134		82.50		3.38
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	12	27	\$	1,531.00	\$	56.70		\$	127.58	Ś	1.34
VISITS - DIAGNOSTIC	10	20	Y	384.00	Y	19.20	.017	Y	38.40	٧	.34
ORAL SURGERY	1	1		85.00		85.00	.001		85.00		.07
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	3		117.00		39.00	.003		58.50		.10
PROSTHETICS	2	0		.00		.00	.000		.00		.00
	2	3		945.00		315.00	.003		472.50		.82
DENTURES, STAYPLATES	2	0		.00		.00	.003		.00		.00
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
	0	0									.00
FRACTURES, DISLOCATIONS	0	O		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	•	DEC MC	.00		.00	.000	\E-C	.00	ъ.	.00
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT RE	EPOR.	r FOR JAN 2	2002 THRU I	DEC	2002	P	AGE 9,558
MOP024	FEE-FOR-SERVICE		T MNI	3 3 6 6 6 6		3.10.00	NDE .				01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR 34 MN	- LINC	- AGED		AID CO		NT ITT		CE	
1,146 ELIGIBLES	USERS	UNITS OF SERVICE	r.	EXPENDITURES	7\ 7.71	ERAGE COST	MO		HLI AVERA COST PER		COST PER
1,140 ELIGIBLES	CALCO	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY		,	USER		ELIGIBLE
GODEOMEED I CE	43	100		3,138.00		31.38	.087	ċ	72.98		2.74
@OPTOMETRIST	43	4	\$	•	\$	51.38		Ş	72.98 51.42	Ş	
DIAGNOSTIC AND ANC. PROCED	36	90		205.68 2,817.49		31.31	.003 .079		78.26		.18 2.46
EYE APPLIANCES	5	6		114.83		19.14			22.97		.10
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0	0	\$		\$		.005	ċ	.00	\$	
	0	0	Ą	.00	Ą	.00	.000	Ş		Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	13		Ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@PODIATRIST		13	\$	181.78	\$	13.98	.011	Þ	13.98	Ş	.16
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	13	13	ć	181.78	Ċ	13.98	.011	Ċ	13.98	Ċ	.16
@HOME HEALTH AGENCY	0	0	Þ	.00	\$ \$	.00	.000	\$	.00	Ş	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	۶ ۶	.00	\$	.00	.000	Ş	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	Ş	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	115	387	\$	11,090.22	Ş	28.66	.338	\$	96.44	\$	9.68
HOSP INPATIENT TOTAL	8	4.8		5.664.00		118.00	. 042		708.00		4.94

48

0

5,664.00

.00

118.00

.00

.042

.000

708.00

.00

4.94

.00

HOSP INPATIENT TOTAL

HSC HOSPITALS

8

0

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	48	5,664.00	118.00	.042	708.00	4.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	111	339	5,426.22	16.01	.296	48.88	4.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	11.59	11.59	.001	11.59	.01
RADIOLOGY	2	2	94.19	47.10	.002	47.10	.08
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	109	336	5,320.44	15.83	.293	48.81	4.64
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR 34 MN -	LTNG -	- AGED		AID C					
									HLY AVERA	GE	
1,146 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	j	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	115	387	\$	11,090.22	\$	28.66	.338	\$	96.44	\$	9.68
COMM HOSP INPATIENT TOTAL	8	48		5,664.00		118.00	.042		708.00		4.94
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	48		5,664.00		118.00	.042		708.00		4.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	111	339		5,426.22		16.01	.296		48.88		4.73
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		11.59		11.59	.001		11.59		.01
RADIOLOGY	2	2		94.19		47.10	.001		47.10		.08
	0	0				.00					
ROOM USE	109			.00			.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		336	÷	5,320.44	Ċ	15.83	.293	<u>_</u>	48.81	Ċ	4.64
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	989	32,207	\$	4,688,285.52	\$	145.57	28.104	\$	4740.43	\$	4091.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	989	32 <b>,</b> 207		4,688,285.52		145.57	28.104		4740.43		4091.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	т	.00	7	.00	.000	Τ.	.00	Τ.	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	269	396	\$	20,931.23	\$	52.86	.346	\$	77.81	\$	18.26
CLINIC	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	269	396		20,931.23		52.86	.346		77.81		18.26
			70 N4037F	•				DEC		-	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES		ro mon.	IN-OF-PAIMENT F	KEPUKT	FOR JAN	ZUUZ THRU	DF.C	2002	P	AGE 9,560 01/17/03
	FEE-FOR-SERVICE/D		T IIINTO	A CED		7.7.0	ODE				01/1//03
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR 34 MN -	TING -	- AGED		AID C	ODE				

						MON	ITHLY AVERA	.GE -	
1,146 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	93	1,305	\$	12,956.72	\$ 9.93	1.139	139.32	\$	11.31
DURABLE MED. EQUIP.	6	54		3,557.60	65.88	.047	592.93		3.10
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	6	9		3,038.44	337.60	.008	506.41		2.65
MEDICAL TRANSPORTATION	24	1,084		3,174.32	2.93	.946	132.26		2.77
AMBULANCES/AIR TRANS	0	0		9.88	.00	.000	.00		.01
OTHER TRANS	14	370		959.57	2.59	.323	68.54		.84
OTHER SERVICES	12	714		2,204.87	3.09	.623	183.74		1.92
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	30	65		837.92	12.89	.057	27.93		.73
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	1	3		55.75	18.58	.003	55.75		.05
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	1	1		31.08	31.08	.001	31.08		.03
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	28	89		2,261.61	25.41	.078	80.77		1.97
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	251	1,290	\$	59 <b>,</b> 837.37	\$ 46.39	1.126 \$	238.40	\$	52.21
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION I	TEM O	NLY;					
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APP	PROPRIATE DETAIL	LINES	ABOVE.					
** THESE DATA ARE INCLUDED IN	N THE APPROPRIATE	DETAIL LINES AE	BOVE.						
#CALIF DEPT OF HEALTH SERV			RES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PI	AGE 9,561
MOP024	FEE-FOR-SERVICE/								01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR 35 MN -	LTNG	- BLIND	AID CO				
						MON	TUTLA VITUL	CF.	

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 \$ .00 \$ @TOTAL, ALL PROVIDERS 0 0 \$ .00 \$ .00 .00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$ .00 \$ .00 OUTPATIENT VISITS .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 .000 INPATIENT VISITS 0 0 .00 .00 .00 .00 .00 .00 .00 .000 .00 HOSPITAL VISITS CRITICAL CARE 0 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$		\$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	۲	.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		\$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	Y	.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00		.00		
PERIODONTICS	0	0			.000			.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00		.00
SPACE MAINTAINERS	U	U	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	U	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002		9,562
MOP024	FEE-FOR-SERVICE/D						0	1/17/03
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR 35 MN - LTNG	- BLIND	AID CO				
					MON			
00 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		ST PER
0.0000000000000000000000000000000000000		OR DAYS OF CARE	0.0	PER UNIT/DAY		USER		GIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$		\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	U	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	U	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	Ü	0 \$	.00	\$ .00	.000 \$		\$	.00
VISITS	0	0	.00	.00	.000	.00		.00

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OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

@PODIATRIST

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NURSE MIDWIFE	Λ		0 \$		.00	\$	.00	.000 \$	.00	Ġ	.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$		.00		.00	.000 \$			.00
FAMILY NURSE PRACTITIONER	0		0 4		.00		.00	.000 \$			.00
@TOTAL HOSPITAL	0		0 4		.00		.00	.000 \$			.00
HOSP INPATIENT TOTAL	0		0	,	.00		.00	.000	.00	۲	.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
	0		0				.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00						
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	Ü		0		.00		.00	.000	.00		.00
MEDICAL	Ü		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	Ü		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0		0 \$		.00		.00	.000 \$		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EX	PENDITURES	MONTH	-OF-PAYMENT I	REPOR	RT FOR JAN 2	2002 THRU DE	C 2002	PAGI	E 9,563
MOP024	FEE-FOR-SERVICE	E/DENTAL								(	01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR	35 MN - I	TNG -	BLIND		AID CC	DDE			
								MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG	USER	EL	IGIBLE
ACOMMINITY HOSPITAL TOTAL	Ω		∩ ¢	;	0.0	\$	0.0	000 \$		¢	$\cap \cap$

@COMMUNITY HOSPITAL TOTAL .00 .00 .000 \$ .00 \$ .00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES 0 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .000 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
CLINIC	0	0	.00	.00	.000	.00	.00

 
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 SURGICENTER n 0 HEROIN DETOX CLINIC Ο RURAL HEALTH CLINIC 0 0 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,564 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY

SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

					MONT	THLY AVERAGE	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,565 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE MOP024 01/17/03 PLUMAS COUNTY

----- MONTHLY AVERAGE -----57 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,169 \$ 230,560.49 \$ 106.30 38.053 \$ 3718.72 \$ 4044.92 9 \$ 94.50 \$ 10.50 158 \$ 47.25 \$ 1.66 62 @TOTAL, ALL PROVIDERS 2 94.50 \$ 10.50 .158 \$ 47.25 \$ 1.66 @PHYSICIANS SERVICES 

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 0 0 OUTPATIENT VISITS 0 0 OFFICE VISITS 0 0 HOME VISITS EMERGENCY ROOM PREVENTIVE CARE 0 0 0 0 OB VISITS/COMPRE PERI

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	9		94.50		10.50	.158		47.25		1.66
@PHARMACY	62	481	\$	37,564.80	\$	78.10	8.439	ċ		Ċ	659.03
PRESCRIPTION DRUGS	62	465	Ą	37,504.80	۲	80.67	8.158	۲	604.99	۲	658.06
SNF/ICF	55	419		34,836.67		83.14	7.351		633.39		611.17
OUTPATIENTS	8	419		2,672.77		58.10	.807		334.10		46.89
	8	16		55.36		3.46	.281		6.92		.97
MEDICAL SUPPLIES @DENTIST	0	0	Ś	.00	\$	.00	.000	Ċ	.00	ċ	.00
•	0	0	Ą		Ş			Þ	.00	Ş	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000				.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00			.000				
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	•	•		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	EG 1/01	.00		.00	.000	D=0	.00	_	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MON	NTH-OF-PAYMENT R.	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 9,566
MOP024	FEE-FOR-SERVICE										01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 36 MN -	LTNG	- DISABLED		AID CC					
57 BITCIDIBS						D3.00 00.00	M				
57 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
O O DECLETE TOE		OR DAYS OF CARE		008.0:		. UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4	14	\$	307.34	\$	21.95	.246	Ş	76.84	Ş	5.39
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.035		47.45		1.66
EYE APPLIANCES	4	12		212.44		17.70	.211		53.11		3.73

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OTHER OPTOMETRIC SERVICES

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MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$	.00
@TOTAL HOSPITAL	10	71 \$	1,082.36	\$ 15.24	1.246 \$	108.24		3.99
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	7 20	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00			.00		
ALL OTHER INPATIENT				.00	.000		1.0	.00
HOSP OUTPATIENT TOTAL	10	71	1,082.36	15.24	1.246	108.24 97.77		3.99 72
MEDICAL	1	1	97.77	97.77	.018			
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	2	6	81.05	13.51	.105	40.53	1	.42
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	Ţ	1	34.00	34.00	.018	34.00		.60
CROSSOVERS/ALL OTH OUTPTNT	9	63	869.54	13.80	1.105	96.62		.26
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE	9,567
MOP024	FEE-FOR-SERVICE	/						17/03
PLUMAS COUNTY		ICES FOR 36 MN - LTNG	- DISABLED	AID CO	ODE			
					MONT	HLY AVERA	GE	
57 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST	
	00210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGI	
@COMMUNITY HOSPITAL TOTAL	10	71 \$	1,082.36	\$ 15.24	1.246 \$		_	3.99
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
MON HOC HOSETIANS TOTAL	0	U	.00	.00	. 000	.00		. 0 0

0

.00

.00

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.00

0

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10	71		1,082.36		15.24	1.246		108.24		18.99
MEDICAL	1	1		97.77		97.77	.018		97.77		1.72
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	6		81.05		13.51	.105		40.53		1.42
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.00		34.00	.018		34.00		.60
CROSSOVERS/ALL OTH OUTPTNT	0	63		869.54		13.80	1.105		96.62		15.26
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	47	•	Ś	189,359.41	\$		27.298	Ś	4028.92	Ś	3322.09
@NURSING FACILITY	4 /	1,556	Ą		Ą	121.70	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00							
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	47	1,556		189,359.41		121.70	27.298		4028.92		3322.09
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	28	\$	1,934.90	\$	69.10	.491	\$	101.84	\$	33.95
CLINIC	0	0	·	.00	·	.00	.000	·	.00	•	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	28		1,934.90		69.10	.491		101.84		33.95
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES MO	•	EPORT			DEC		P	AGE 9,568
MOP024	FEE-FOR-SERVICE		110			1010 01110	2002 111110		2002	_	01/17/03
PLUMAS COUNTY		VICES FOR 36 MN	- I.TNG	- DISABLED		AID C	ODE				01/11/03
I DOINIO COONII	SOPREM OF SERV	TODO TOR JU PIN	11110	, סבטניטבט		AID C	M	ייוא∩ו	HIY AVERA	GE	
57 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	<b>Δ</b> 1/1	RAGE COST	UNITS/DAY		COST PER		COST PER
O' EDIGIDHES	021170	OR DAYS OF CAR		DVI DIADI I OLUDO			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	OR DAIS OF CAR.	\$	217.18	\$	21.72	.175		43.44		3.81
GUTT OTHEV LVOATNEVS	3	10	۲	211.10	ې	41.14	. 1 / 3	۲	45.44	Y	3.0⊥

					1101		O-
57 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	10	\$ 217.18	\$ 21.72	.175 \$	43.44	\$ 3.81
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	117.04	58.52	.035	117.04	2.05
AMBULANCES/AIR TRANS	1	2	117.04	58.52	.035	117.04	2.05
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	8		100.14	12.52	.140	25.04	1.76
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	22	85	\$	7,855.91	\$ 92.42	1.491	\$ 357.09	\$ 137.82

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,569
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
	0	0	.00		.000	.00		.00
EXAMINATIONS	0	0		.00		.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000			.00
INPATIENT HOSPITAL SURGERY	•	•	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	U	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	U	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$		\$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN 2	2002 THRU DE	C 2002	PAGI	E 9,570
MOP024	FEE-FOR-SERVICE							01/17/03
PLUMAS COUNTY	,	CES FOR 37 MN - LT	NG - FAMILIES	DISCONT	ΓIN			-, -, , , ,
					MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$			.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
	•	· ·	.00	• • •		• • • •		

EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.00	.000		.00	\$	.00
HOSP INPATIENT TOTAL	0	0	Τ	.00	.00	.000	т	.00	т	.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0								
ANCILLARIES		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ö		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MONTH-				DEC 2		PAGE	9,571
MOP024	FEE-FOR-SERVICE/DENTAL				 			- <del>-</del>		/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FO		- LTNG - F	'AMTLIES	DISCON	JTTN			<b>ν</b> 1	, , 00
1201110 0001111	SCILLETT OF BEILVIOLD FO	1. 0, 111V	11110 E		215001		#ONIMIII	TV 7/17/2074	CE.	

		OR DAYS OF CARE				PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
	0	0			.00			.000		.00		
COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0			.00		.00	.000		.00		.00
	0	0										.00
SURGERY	0	-			.00		.00	.000		.00		.00
PATHOLOGY	U	0			.00		.00	.000		.00		.00
RADIOLOGY	U	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	7		.00	4	.00	.000	4	.00	7	.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	Τ		.00	т	.00	.000	Τ.	.00	т	.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	٧		.00	٧	.00	.000	Y	.00	٧	.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CLINIC CLINIC	0	0	Ÿ		.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
SURGICENTER	0	0										
	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	•	-			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	EG 1401				.00			.00		.00
#CALIF DEPT OF HEALTH SERV			ES MOI	NTH-OF-PAYM	ENT RE	SPORT	FOR JAN 2	UUZ THRU	DEC	2002		•
	FEE-FOR-SERVICE											01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	LTNG	- FAMILIES								
00 =	·									HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDIT	URES							
_		OR DAYS OF CARE					. UNIT/DAY			USER		
@ALL OTHER PROVIDERS	0	0	\$		.00	\$	.00	.000			\$	.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

 $<sup>\</sup>ensuremath{\text{@*}}$  TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,573
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

I HOMAS COUNTI	DOMINANT OF DEIN	VICED FOR JO MED	СИППІ	NEEDI EING				
						MO1	NTHLY AVERA	GE
1,203 ELIGIBLES	USERS	UNITS OF SERVICE	<u>c</u>	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,163	40,886	\$	5,193,949.39	\$ 127.03	33.987	\$ 4465.99	\$ 4317.50
@PHYSICIANS SERVICES	72	143	\$	1,586.11	\$ 11.09	.119	\$ 22.03	\$ 1.32
OUTPATIENT VISITS	1	1		44.60	44.60	.001	44.60	.04
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60	44.60	.001	44.60	.04
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000	)	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	)	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	C	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	C	.00		.00
DIALYSIS	0	0		.00		.00	.000	C	.00		.00
PATHOLOGY	0	0		.00		.00	.000	C	.00		.00
RADIOLOGY	4	7		169.16		24.17	.00	6	42.29		.14
PSYCHIATRY	0	0		.00		.00	.000	C	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	C	.00		.00
OTHER SERVICES/ALL X-OVERS	68	135		1,372.35		10.17	.112	2	20.18		1.14
@PHARMACY	801	4,629 \$	2	61,347.62	\$	56.46	3.848	3 \$	326.28	\$	217.25
PRESCRIPTION DRUGS	801	4,613	2	61,292.26		56.64	3.83	5	326.21		217.20
SNF/ICF	761	4,414	2	54,742.18		57.71	3.669	9	334.75		211.76
OUTPATIENTS	55	199		6,550.08		32.91	.16	5	119.09		5.44
MEDICAL SUPPLIES	8	16		55.36		3.46	.013	3	6.92		.05
@DENTIST	12	27 \$		1,531.00	\$	56.70	.022	2 \$	127.58	\$	1.27
VISITS - DIAGNOSTIC	10	20		384.00		19.20	.01	7	38.40		.32
ORAL SURGERY	1	1		85.00		85.00	.00	1	85.00		.07
DRUGS	0	0		.00		.00	.000	С	.00		.00
ANESTHESIA	0	0		.00		.00	.000	С	.00		.00
PERIODONTICS	0	0		.00		.00	.000	С	.00		.00
ENDODONTICS	0	0		.00		.00	.000	C	.00		.00
RESTORATIVE DENTISTRY	2	3		117.00		39.00	.002	2	58.50		.10
PROSTHETICS	0	0		.00		.00	.000	C	.00		.00
DENTURES, STAYPLATES	2	3		945.00		315.00	.002		472.50		.79
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	)	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF	-PAYMENT	REPORT	FOR JAN	2002 THR	J DEC	2002	P7	AGE 9,574
MOP024	FEE-FOR-SERVICE/DENTAL	_									01/17/03

							M	TNC	HLY AVERA	GE.	
1,203 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
,		OR DAYS OF CAL			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	47	114	\$	3,445.34	\$	30.22	.095	Ś	73.31		2.86
DIAGNOSTIC AND ANC. PROCED	6	6	'	300.58		50.10	.005		50.10		.25
EYE APPLIANCES	40	102		3,029.93		29.71	.085		75.75		2.52
OTHER OPTOMETRIC SERVICES	5	6		114.83		19.14	.005		22.97		.10
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ċ	.00	\$	.00
VISITS	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	13	13	\$	181.78	\$	13.98	.011	ċ	13.98	\$	
-	0	13	Ą		Ą			Ą		Ą	.15
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	-		.00		.00	.000				.00
RADIO./PATHOLOGY	-	0		.00		.00	.000		.00		.00
OTHER	13	13		181.78		13.98	.011		13.98		.15
@HOME HEALTH AGENCY	0	0	\$	.00	Ş	.00		\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	125	458	\$	12,172.58	\$	26.58	.381	\$	97.38	\$	10.12
HOSP INPATIENT TOTAL	8	48		5,664.00		118.00	.040		708.00		4.71
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	48		5,664.00		118.00	.040		708.00		4.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	121	410		6,508.58		15.87	.341		53.79		5.41
MEDICAL	1	1		97.77		97.77	.001		97.77		.08
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	7		92.64		13.23	.006		30.88		.08
RADIOLOGY	2	2		94.19		47.10	.002		47.10		.08
ROOM USE	1	1		34.00		34.00	.001		34.00		.03
CROSSOVERS/ALL OTH OUTPTNT	118	399		6,189.98		15.51	.332		52.46		5.15
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	·	.00	.000	•	.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
MOOM OSE	U	U		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL PLUMAS COUNTY

FEE-FOR-SERVICE/DENIAL
SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG
----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 1,203 ELIGIBLES USERS @COMMUNITY HOSPITAL TOTAL 125
COMM HOSP INPATIENT TOTAL 8 | 1 | 97.77 | 97.77 | .001 | 97.77 | .08 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | 0 0 0 0 1,036 0 0 0 33,763 0 .00 .000 .00 .000 .00 .000 LEV B-SUBACUTE FREESTANDING .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 4,877,644.93 144.47 28.066 4708.15 4054.57 .00 \$ .00 \$ .00 \$ .00 \$ .00 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD .000 .00 ICF DDH .00 .00 . 00 ICF DDn
ICF DD U
ICF DDN/DDCN 0
@HEMODIALYSIS TOTAL 0
HOSPITAL BASED 0
HEMODIALYSIS CENTER 0
@REHABILITATION FACILITY 0 .00 .000 .00 .000 .00 .000 \$ .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 .00 0 .00 .00 0 .00 .00 .00 .00 \$ .00 \$ .00 0 .00 .00 .00 

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 <td () .00 .00 .00 . 00 . 00 . 00 @LABORATORY FACILITY .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 288 19.01 .00 . 00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,576 FEE-FOR-SERVICE/DENTAL MOP024

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG PLUMAS COUNTY

					MON	THLY AVERA	GE
1,203 ELIGIBLES	USERS (	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	98	1,315 \$	13,173.90	\$ 10.02	1.093 \$	134.43	\$ 10.95
DURABLE MED. EQUIP.	6	54	3,557.60	65.88	.045	592.93	2.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	9	3,038.44	337.60	.007	506.41	2.53
MEDICAL TRANSPORTATION	25	1,086	3,291.36	3.03	.903	131.65	2.74
AMBULANCES/AIR TRANS	1	2	126.92	63.46	.002	126.92	.11
OTHER TRANS	14	370	959.57	2.59	.308	68.54	.80
OTHER SERVICES	12	714	2,204.87	3.09	.594	183.74	1.83
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	73	938.06	12.85	.061	27.59	.78
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	55.75	18.58	.002	55.75	.05
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.001	31.08	.03
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	89	2,261.61	25.41	.074	80.77	1.88
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	273	1 <b>,</b> 375 \$	67 <b>,</b> 693.28	\$ 49.23	1.143 \$	247.96	\$ 56.27
0* TOTALS IN THESE LINES ARE GIVE			•				
THE AMOUNTS ARE ALREADY INCLUD			ABOVE.				
** THESE DATA ARE INCLUDED IN TH	E APPROPRIATE	DETAIL LINES ABOVE.					

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,577 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

						MON	NTHLY AVERA	GE
1,629 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,512	41,345	\$	5,155,491.96	\$ 124.69	25.381	3409.72	\$ 3164.82
@PHYSICIANS SERVICES	130	327	\$	4,158.50	\$ 12.72	.201	31.99	\$ 2.55
OUTPATIENT VISITS	1	1		44.60	44.60	.001	44.60	.03
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60	44.60	.001	44.60	.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	12		423.80	35.32	.007	423.80	.26
HOSPITAL VISITS	1	12		423.80	35.32	.007	423.80	.26
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

01/17/03

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	4	7		169.16		24.17	.004		42.29		.10
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	126	307		3,520.94		11.47	.188		27.94		2.16
@PHARMACY	1,027	5,380	\$	287,521.20	\$	53.44	3.303	Ś	279.96	Ś	176.50
PRESCRIPTION DRUGS	1,024	5,251		286,609.19	•	54.58	3.223		279.89		175.94
SNF/ICF	718	4,029		221,538.94		54.99	2.473		308.55		136.00
OUTPATIENTS	321	1,222		65,070.25		53.25	.750		202.71		39.94
MEDICAL SUPPLIES	8	129		912.01		7.07	.079		114.00		.56
@DENTIST	16	42	\$	1,512.00	\$	36.00	.026	\$	94.50	\$	.93
VISITS - DIAGNOSTIC	13	26		494.00		19.00	.016		38.00		.30
ORAL SURGERY	2	9		396.00		44.00	.006		198.00		.24
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.06
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	5		204.00		40.80	.003		68.00		.13
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	1		318.00		318.00	.001		159.00		.20
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 9,578
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R 39 MEI	DICAL	LLY NEEDY - AGED							
							M	TINC	HLY AVERA	.GE -	

						11	OIA.	TIITI AARIVA	ظی	
USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
64	141	\$	3,846.04	\$	27.28	.087	\$	60.09	\$	2.36
8	8		277.16		34.65	.005		34.65		.17
47	118		3,311.38		28.06	.072		70.45		2.03
12	15		257.50		17.17	.009		21.46		.16
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
15	16	\$	354.04	\$	22.13	.010	\$	23.60	\$	.22
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
15	16		354.04		22.13	.010		23.60		.22
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	64	OR DAYS OF CARE 64 141 8 8 47 118 12 15 0 0 0 0 0 0 15 16 0 0 0 0 0 0 0 0	OR DAYS OF CARE  64 141 \$ 8 8 8 47 118 12 15 0 0 \$ 0 0 \$ 0 0 15 16 \$ 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  64 141 \$ 3,846.04  8 8 277.16  47 118 3,311.38  12 15 257.50  0 0 \$ .00  0 0 \$ .00  15 16 \$ 354.04  0 0 \$ .00  15 16 354.04  0 0 \$ .00	OR DAYS OF CARE  64  141  8  8  8  277.16  47  118  3,311.38  12  15  0  0  0  0  0  0  0  15  16  \$  354.04  0  0  \$  PEF  64  \$  3,846.04  \$  277.16  \$  3,311.38  257.50  0  0  0  0  0  0  0  0  0  0  0  0	OR DAYS OF CARE  64  141  8  8  8  277.16  34.65  47  118  3,311.38  28.06  12  15  257.50  17.17  0  0  0  0  0  0  0  0  0  0  0  0  15  16  34.65  354.04  22.13  0  0  0  0  0  0  0  0  0  0  0  0  0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAY PER UNIT/DAY         PER LIG           64         141         \$ 3,846.04         \$ 27.28         .087           8         8         277.16         34.65         .005           47         118         3,311.38         28.06         .072           12         15         257.50         17.17         .009           0         0         \$ .00         \$ .00         .00         .000           0         0         .00         .00         .00         .000           0         0         .00         .00         .00         .000           15         16         \$ 354.04         \$ 22.13         .010           0         0         .00         .00         .00         .000           0         0         .00         .00         .00         .000           15         16         354.04         22.13         .010           0         0         .00         .00         .00         .00           15         16         354.04         22.13         .010           0         0         .00         .	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY PER ELIG           64         141 \$ 3,846.04 \$ 27.28 .087 \$ 8 .087 \$ 8 .005 .005 .005 .005 .005 .005 .005 .0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER ELIG         COST PER PER UNIT/DAY PER ELIG         USER           64         141 \$ 3,846.04 \$ 27.28 .087 \$ 60.09         .005 .005 .005 .005 .005 .005 .005 .005	OR DAYS OF CARE  64

NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	190	730	\$ 46,333.49	\$ 63.47	.448	\$ 243.86	\$ 28.44
HOSP INPATIENT TOTAL	18	118	36,208.73	306.85	.072	2011.60	22.23
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	17	24,604.73	1447.34	.010	12302.37	15.10
ACCOMMODATIONS	2	17	4,080.00	240.00	.010	2040.00	2.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	17	4,080.00	240.00	.010	2040.00	2.50
ANCILLARIES	2	0	20,524.73	.00	.000	10262.37	12.60
INPATIENT CROSSOVERS	16	101	11,604.00	114.89	.062	725.25	7.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	177	612	10,124.76	16.54	.376	57.20	6.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	11.59	11.59	.001	11.59	.01
RADIOLOGY	2	2	94.19	47.10	.001	47.10	.06
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	175	609	10,018.98	16.45	.374	57.25	6.15
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 9,579
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES E	FOR 39 MEDICA:	LLY NEEDY - AGED				
					MONTH	TIV VILDVC	₽

PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR 39 MEDI	САЬЬУ	NEEDY - AGED						
								THLY AVERA	.GE	
1,629 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	,	-	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	190	730	\$	46,333.49	\$ 63.47	.448	\$		\$	28.44
COMM HOSP INPATIENT TOTAL	18	118		36,208.73	306.85	.072		2011.60		22.23
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	17		24,604.73	1447.34	.010		12302.37		15.10
ACCOMMODATIONS	2	17		4,080.00	240.00	.010		2040.00		2.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	2	17		4,080.00	240.00	.010		2040.00		2.50
ANCILLARIES	2	0		20,524.73	.00	.000		10262.37		12.60
INPATIENT CROSSOVERS	16	101		11,604.00	114.89	.062		725.25		7.12
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	177	612		10,124.76	16.54	.376		57.20		6.22
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	1	1		11.59	11.59	.001		11.59		.01
RADIOLOGY	2	2		94.19	47.10	.001		47.10		.06
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	175	609		10,018.98	16.45	.374		57.25		6.15
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	Ċ		\$	.00
MENTALLY ILL	0	0	Ş	.00	.00	.000	ې	.00	Ş	.00
DEVELOP. DISABLED	0	0		.00	.00	.000				.00
	•	32 <b>,</b> 620	\$	4,757,872.89		20.025	ċ	.00	ċ	
@NURSING FACILITY	1,009 0		P				\$	4715.43	\$	2920.73
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	•	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	1,009	32,620		4,757,872.89	145.86	20.025		4715.43		2920.73
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	Ş		\$	.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	4	6	\$	75.68	\$ 12.61	.004	\$	18.92	\$	.05
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	4	6		75.68	12.61	.004		18.92		.05
@ORGANIZED OUTPATIENT CLINIC	393	637	\$	38,825.24	\$ 60.95	.391	\$	98.79	\$	23.83
CLINIC	0	0		.00	.00	.000		.00		.00

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SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

FLOMAS COUNTI	SOMMAKI OF SEK	VICES FOR 39 MED	тСАП	טממאו נט	I AGED				 		
								M		-	
1,629 ELIGIBLES	USERS	UNITS OF SERVIC		EX	PENDITURES			UNITS/DAY	 ST PER		COST PER
		OR DAYS OF CAR				PER UNIT		PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	138	1,446	\$		14,992.88	\$ 10.3		.888	\$ 108.64	\$	9.20
DURABLE MED. EQUIP.	6	54			3 <b>,</b> 557.60	65.8	38	.033	592.93		2.18
BLOOD BANK	0	0			.00		0.0	.000	.00		.00
HEARING AID DISPENSERS	12	23			3,398.92	147.7	78	.014	283.24		2.09
MEDICAL TRANSPORTATION	28	1,129			3,711.28	3.2	29	.693	132.55		2.28
AMBULANCES/AIR TRANS	1	4			145.06	36.2	27	.002	145.06		.09
OTHER TRANS	14	370			959.57	2.5	59	.227	68.54		.59
OTHER SERVICES	15	755			2,606.65	3.4	45	.463	173.78		1.60
ACUPUNCTURE	0	0			.00	. (	0.0	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	. (	0.0	.000	.00		.00
GENETIC DISEASE TESTING	0	0			.00	. (	0.0	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	. (	0.0	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	. (	0.0	.000	.00		.00
OPTICIAN	38	80			1,026.56	12.8	33	.049	27.01		.63
PHYSICAL THERAPIST	0	0			.00	. (	0.0	.000	.00		.00
PORTABLE X-RAY	1	3			55.75	18.5	58	.002	55.75		.03
PROSTHETIST/ORTHOTISTS	0	0			.00	. (	0.0	.000	.00		.00
PROSTHETICS	0	0			.00	. (	0.0	.000	.00		.00
ORTHOTICS	0	0			.00	. (	0.0	.000	.00		.00
PSYCHOLOGIST	1	1			31.08	31.0	38	.001	31.08		.02
SPEECH AND AUDIOLOGY	1	2			3.34	1.6	67	.001	3.34		.00
HOSPICE SERVICES	0	0			.00	. (	0.0	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00	. (	0.0	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00	. (	0.0	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	. (	0.0	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	. (	0.0	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	. (	0.0	.000	.00		.00
ALL OTHER PROVIDERS	54	154			3,208.35	20.8	33	.095	59.41		1.97
@CALIF. CHILDREN SERVICES*	0	0	\$		.00	\$ .(	0.0	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	396	1,986	\$		78,154.64	\$ 39.3	35	1.219	\$ 197.36	\$	47.98
A+ MOMATO IN MURCE IINEC ADE	CITTENI NO N CEDA	DAME TATEODMAMTON	THEN	ONTT SZ -							

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLUMAS COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,581 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

						MO	NTHLY AVERA	GE -	
17 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	13	28,740	\$	57 <b>,</b> 008.67	\$ 1.98	1690.588	\$ 4385.28	\$	3353.45
@PHYSICIANS SERVICES	8	46	\$	619.18	\$ 13.46	2.706	\$ 77.40	\$	36.42
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OBJED OURDARIENE	0	0			0.0		0.0	000		0.0		0.0
OTHER OUTPATIENT	· ·	Ū			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Û	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8	46		61	9.18		13.46	2.706		77.40		36.42
@PHARMACY	1.3	122	\$		1.84	\$	73.95	7.176		693.99	ċ	530.70
PRESCRIPTION DRUGS	13	122	۲		1.84	Ą	73.95	7.176		693.99	۲	530.70
	0	122		9,02								
SNF/ICF	<u> </u>	-		0 00	.00		.00	.000		.00		.00
OUTPATIENTS	13	122		9,02	1.84		73.95	7.176		693.99		530.70
MEDICAL SUPPLIES	0	0	_		.00	_	.00	.000		.00	_	.00
@DENTIST	0	0	\$		.00	\$	.00	.000		.00	Ş	.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDÍTU	JRES	MONTH-OF-PAYM		EPORT					$P^{Z}$	AGE 9,582
MOP024	FEE-FOR-SERVICE/DENTAL		-								_	01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R 40 MET	DICAL	LY NEEDY - BI	IND							
	11 11 11 11 11 11 11 11 11 11 11 11 11								моит	HLY AVERA	GE -	

----- MONTHLY AVERAGE -----17 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$ .00 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 @CHIROPRACTOR 0 0 .00 .00 .000 .00 .00 VISITS 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$ .00 \$ @PODIATRIST .00 .000 \$ .00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	5	19 \$	165.01	\$ 8.68	1.118 \$	33.00	\$ 9.71
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	•	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	19	165.01	8.68	1.118	33.00	9.71
MEDICAL	Ţ	1	51.22	51.22	.059	51.22	3.01
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	18	113.79	6.32	1.059	28.45	6.69
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 9,583
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
PLUMAS COUNTY		ICES FOR 40 MEDICALLY	NEEDY - BLIND				
					MONT	HLY AVERA	GE
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	19 \$	165.01	\$ 8.68	1.118 \$	33.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	Č .	ŭ		• • •		• • • •	• • •

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	19	165.01	8.68	1.118	33.00	9.71
MEDICAL	1	1	51.22	51.22	.059	51.22	3.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	18	113.79	6.32	1.059	28.45	6.69
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	12	\$ 4,453.03	\$ 371.09	.706	\$ 445.30	\$ 261.94
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	12	4,453.03	371.09	.706	445.30	261.94
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	5	\$	290.01	\$	58.00	.294	\$ 58.00	\$	17.06
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	5	5		290.01		58.00	.294	58.00		17.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE EXPENDITURE	RES MO	NTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC 2002	PA	GE 9,584
MOP024	FEE-FOR-SERVICE/DENTA	ΔL								01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR 40 MED	CALLY	NEEDY - BLIND						
							M	ONTHLY AVERA	GE -	

17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	28,536 \$	42,459.60	\$ 1.49	1678.588 \$	3859.96	\$ 2497.62
DURABLE MED. EQUIP.	0	, 0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	28,536	42,459.60	1.49	1678.588	3859.96	2497.62
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	11	28,536	42,459.60	1.49	1678.588	3859.96	2497.62
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@XOVER EXCLUDING STATE HOSP**	12	76 \$	5,186.00	\$ 68.24	4.471 \$	432.17	\$ 305.06

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,585 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	MGE .	
485 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CAR	€		PER	UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@TOTAL, ALL PROVIDERS	496	6,833	\$	452,291.78	\$	66.19	14.089	\$ 911.88	\$	932.56
@PHYSICIANS SERVICES	75	253	\$	3,850.32	\$	15.22	.522	\$ 51.34	\$	7.94

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	7	8		378.58	3	47.32	.016		54.08		.78
OFFICE VISITS	4	5		139.32	2	27.86	.010		34.83		.29
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		112.95		56.48	.004		56.48		.23
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		126.31		126.31	.002		126.31		.26
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	7		76.07		10.87	.014		76.07		.16
PRINCIPAL SURGEON	0	Ó		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	7		76.07		10.87	.014		76.07		.16
OUTPATIENT SURGERY	2	3		235.68		78.56	.006		117.84		.49
PRINCIPAL SURGEON	2	3		235.68		78.56	.006		117.84		.49
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	12		383.25		31.94	.025		47.91		.79
RADIOLOGY	15	22		392.88		17.86	.025		26.19		.79
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0					.000				
IMMUNIZATION AND INJECTION	49	-		.00		.00			.00		.00
OTHER SERVICES/ALL X-OVERS		201	Ċ	2,383.86		11.86	.414	ċ	48.65	ć	4.92
@PHARMACY	381	1,974	\$	186,181.07			4.070	\$		Ş	383.88
PRESCRIPTION DRUGS	379	1,574		186,015.77		118.18	3.245		490.81		383.54
SNF/ICF	55	419		34,836.67		83.14	.864		633.39		71.83
OUTPATIENTS	325	1,155		151,179.10		130.89	2.381		465.17		311.71
MEDICAL SUPPLIES	10	400	_	165.30		.41	.825	_	16.53	_	.34
@DENTIST	2	15	\$	137.00		9.13	.031	Ş		Ş	.28
VISITS - DIAGNOSTIC	2	11		80.00		7.27	.023		40.00		.16
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	4		57.00		14.25	.008		28.50		.12
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	ONTH-OF-PAYMENT	REPORT	r for Jan	2002 THRU	DEC	2002	PAC	GE 9,586
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR 41 MED	ICALL	Y NEEDY - DISABI	LED						
405 71 707777			_		_		1		HLY AVERA		

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

USER

40.88

.138 \$ 55.51 \$

.012

ELIGIBLE

2.63

.51

PER UNIT/DAY PER ELIG

40.88

1,276.72 \$ 19.06

245.26

485 ELIGIBLES

DIAGNOSTIC AND ANC. PROCED

@OPTOMETRIST

USERS

23

6

UNITS OF SERVICE

OR DAYS OF CARE

67 \$

6

EYE APPLIANCES	19	55		927.13		16.86	.113	48.80		1.91
OTHER OPTOMETRIC SERVICES	4	6		104.33		17.39	.012	26.08		.22
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	3	7	Ś	215.14	\$	30.73	.014		Ś	. 44
MEDICINE/INJECTIONS	2	5		107.00		21.40	.010	53.50		.22
SURGERY/ANES.	2	2		108.14		54.07	.004	54.07		.22
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	ċ	.00	\$		.000		\$	.00
•	1	9	ې د			.00			۶ \$	.07
NURSE ANESTHESIST	0	0	ې د	32.47		3.61	.019			
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		\$	.00
PEDIATRIC NURSE PRACTITIONER	•	-	Ş	.00		.00	.000		\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000		\$	.00
@TOTAL HOSPITAL	114	569	\$	41,677.10		73.25	1.173		\$	85.93
HOSP INPATIENT TOTAL	8	47		26,502.65		563.89	.097	3312.83		54.64
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	2	7		21,757.66		3108.24	.014	10878.83		44.86
ACCOMMODATIONS	2	7		5,608.87		801.27	.014	2804.44		11.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	2	7		5,608.87		801.27	.014	2804.44		11.56
ANCILLARIES	2	0		16,148.79		.00	.000	8074.40		33.30
INPATIENT CROSSOVERS	6	40		4,744.99		118.62	.082	790.83		9.78
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	109	522		15,174.45		29.07	1.076	139.22		31.29
MEDICAL	16	23		1,360.51		59.15	.047	85.03		2.81
SURGERY	1	2		516.33		258.17	.004	516.33		1.06
PATHOLOGY	20	71		1,002.13		14.11	.146	50.11		2.07
RADIOLOGY	11	12		836.54		69.71	.025	76.05		1.72
ROOM USE	18	21		1,614.91		76.90	.043	89.72		3.33
CROSSOVERS/ALL OTH OUTPTNT	89	393		9,844.03		25.05	.810	110.61		20.30
	0		Ċ	•					Ċ	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		Ş	
CO HOSPITAL INPATIENT TOTAL	-	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	-	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES M		REPOR				P.A	AGE 9,587
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	41 MED	TCALT	Y NEEDY - DISABL	ED					, _ , _ , , 00
1201110 0001111	COLLEGE OF CHILD FOR			LI TULLET DIGITUM			N	AUMUTA VILED	CE -	

SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----485 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIC	·	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	114	569	\$	41,677.10	\$	73.25	1.173				85.93
COMM HOSP INPATIENT TOTAL	8	47	'	26,502.65	'	563.89	.097		3312.83		54.64
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	7		21,757.66		3108.24	.014		10878.83		44.86
ACCOMMODATIONS	2	7		5,608.87		801.27	.014		2804.44		11.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	7		5,608.87		801.27	.014		2804.44		11.56
ANCILLARIES	2	0		16,148.79		.00	.000		8074.40		33.30
INPATIENT CROSSOVERS	6	40		4,744.99		118.62	.082		790.83		9.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	109	522		15,174.45		29.07	1.076		139.22		31.29
MEDICAL	16	23		1,360.51		59.15	.047		85.03		2.81
SURGERY	1	2		516.33		258.17	.004		516.33		1.06
PATHOLOGY	20	71		1,002.13		14.11	.146		50.11		2.07
	11	12		836.54		69.71	.025		76.05		1.72
RADIOLOGY ROOM USE	18	21		1,614.91		76.90	.023		89.72		3.33
CROSSOVERS/ALL OTH OUTPTNT		393		9,844.03		25.05	.810		110.61		20.30
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
• •	0	0	Ą	.00	ş			Ą		ې	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	47	1 <b>,</b> 556	Ċ	189,359.41	ċ	121.70		ċ	4028.92	ċ	
@NURSING FACILITY	0		\$		\$		3.208	\$		\$	390.43
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	ŭ	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	•			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	47	1,556		189,359.41	_	121.70	3.208	_	4028.92	_	390.43
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	•	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	3	\$	852.18	\$	284.06		\$	426.09	Ş	1.76
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	3	_	852.18	_	284.06	.006	_	426.09	_	1.76
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	6	42	\$	383.90	\$	9.14	.087	\$	63.98	\$	.79
PATHOLOGY	6	42		383.90		9.14	.087		63.98		.79
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	145	236	\$	17,446.25	\$	73.92	.487	\$	120.32	\$	35.97
CLINIC	3	3		208.87		69.62	.006		69.62		.43
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	144			17,237.38					119.70		35.54
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPOR'	r for Jan 2	2002 THRU	DEC	2002	P	AGE 9,588
MOP024	FEE-FOR-SERVIC										01/17/03
PLUMAS COUNTY	SUMMARY OF SER	VICES FOR 41 MEDI	CALLY	NEEDY - DISABLE	D						
							M				
485 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	49	2,102	\$	10,880.22	\$		4.334	\$		\$	22.43
DURABLE MED. EQUIP.	2	14		1,674.09		119.58	.029		837.05		3.45
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	35	615.93	17.60	.072	123.19	1.27
AMBULANCES/AIR TRANS	2	13	270.74	20.83	.027	135.37	.56
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	22	345.19	15.69	.045	115.06	.71
ACUPUNCTURE	1	2	32.44	16.22	.004	32.44	.07
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	49	540.62	11.03	.101	25.74	1.11
PHYSICAL THERAPIST	2	26	359.82	13.84	.054	179.91	.74
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	14	260.19	18.59	.029	260.19	.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	1,962	7,397.13	3.77	4.045	410.95	15.25
@CALIF. CHILDREN SERVICES*	1	13	\$ 1,646.55	\$ 126.66		\$ 1646.55	\$ 3.39
@XOVER EXCLUDING STATE HOSP**	141	1,751	\$ 21,457.41	\$ 12.25	3.610	\$ 152.18	\$ 44.24

 $<sup>\</sup>ensuremath{\text{@*}}$  TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,589
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 42 MEDICALLY	Y NEEDY - FAMILIES	5	140175		3.5
12,441 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT		COST PER
12,441 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,181	33,925 \$	2,638,787.01	\$ 77.78	2.727 \$	426.92	
@PHYSICIANS SERVICES	6,181 959 222 126 0 46	3,092 \$	140,546.11	•	.249 \$	146.55	
OUTPATIENT VISITS	222	248	11,252.15	45.37	.020	50.69	.90
OUTPATIENT VISITS	100						
OFFICE VISITS	126	139	6,239.72	44.89	.011	49.52	.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4.6	49	2,271.10	46.35	.004	49.37	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	15	18	1,485.14	82.51	.001	99.01	.12
OTHER OUTPATIENT	39	42	1,256.19	29.91	.003	32.21	.10
INPATIENT VISITS	99	393	26,558.84	67.58	.032	268.27	2.13
HOSPITAL VISITS	93	272	12,238.29	44.99	.022	131.59	.98
CRITICAL CARE	13	121	14,320.55	118.35	.010	1101.58	1.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	176.12	44.03	.000	44.03	.01
EXAMINATIONS	4	4	176.12	44.03	.000	44.03	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	91	463	42,352.62	91.47	.037	465.41	3.40
PRINCIPAL SURGEON	65	76	34,967.77	460.10	.006	537.97	2.81
ASSISTANT SURGEON	13	13	1,953.78	150.29	.001	150.29	.16
ANESTHESIOLOGIST	26	374	5,431.07	14.52	.030	208.89	. 44
OUTPATIENT SURGERY	39	113	8,420.57	74.52	.009	215.91	.68
PRINCIPAL SURGEON	39	42	7,024.53	167.25	.003	234.15	.56
	0	0	· ·				.00
ASSISTANT SURGEON	10	71	.00	.00 19.66	.000	.00 139.60	.11
ANESTHESIOLOGIST	0	7 1	1,396.04		.006		
DIALYSIS	•	•	.00	.00	.000	.00	.00
PATHOLOGY	143	240	8,233.64	34.31	.019	57.58	.66
RADIOLOGY	525	886	24,965.26	28.18	.071	47.55	2.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	503	7,518.22	14.95	.040	939.78	.60
OTHER SERVICES/ALL X-OVERS	119	242	11,068.69	45.74	.019	93.01	.89
@PHARMACY	3,373	9,099 \$	536 <b>,</b> 007.46		.731 \$		
PRESCRIPTION DRUGS	3,357	8,396	470,906.75	56.09	.675	140.28	37.85
SNF/ICF	3	16	691.59	43.22	.001	230.53	.06
OUTPATIENTS	3,357	8,380	470,215.16	56.11	.674	140.07	37.80
MEDICAL SUPPLIES	34	703	65 <b>,</b> 100.71	92.60	.057	1914.73	5.23
@DENTIST	99	555 \$	26,020.31	\$ 46.88	.045 \$	262.83	\$ 2.09
VISITS - DIAGNOSTIC	71	246	4,041.95	16.43	.020	56.93	.32
ORAL SURGERY	23	115	9,289.00	80.77	.009	403.87	.75
DRUGS	14	22	288.36	13.11	.002	20.60	.02
ANESTHESIA	13	13	1,300.00	100.00	.001	100.00	.10
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.02
ENDODONTICS	12	34	3,420.00	100.59	.003	285.00	.27
RESTORATIVE DENTISTRY	30	106	5,743.00	54.18	.009	191.43	.46
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	2	2	95.00	47.50	.000	47.50	.01
SPACE MAINTAINERS	2	Δ	533.00	133.25	.000	177.67	.04
MAXILLOFACIAL SERVICES	J 1	<del>'1</del> 1	50.00	50.00	.000	50.00	.00
		, O					
FRACTURES, DISLOCATIONS	U	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	9	1,030.00	114.44	.001	128.75	.08
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	SPORT FOR JAN 2	ZUUZ THKU DEC	. 2002	PAGE 9,590

FEE-FOR-SERVICE/DENTAL

01/17/03

							M	INO	HLY AVERA	GE	
12,441 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	311	837	\$	20,662.19	\$	24.69	.067	\$	66.44	\$	1.66
DIAGNOSTIC AND ANC. PROCED	226	228		10,298.17		45.17	.018		45.57		.83
EYE APPLIANCES	214	575		9,689.73		16.85	.046		45.28		.78
OTHER OPTOMETRIC SERVICES	29	34		674.29		19.83	.003		23.25		.05
@CHIROPRACTOR	1	4	\$	66.88	\$	16.72	.000	\$	66.88	\$	.01
VISITS	1	4		66.88		16.72	.000		66.88		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	29	41	\$	2,476.25	\$	60.40	.003	\$	85.39	\$	.20
MEDICINE/INJECTIONS	26	30		922.81		30.76	.002		35.49		.07
SURGERY/ANES.	4	6		1,246.62		207.77	.000		311.66		.10
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	2	4		289.52		72.38	.000		144.76		.02
@HOME HEALTH AGENCY	10	45	\$	2,643.30	\$	58.74	.004	\$	264.33	\$	.21
NURSE ANESTHESIST	1	14	\$	188.01	\$	13.43	.001		188.01	\$	.02
NURSE MIDWIFE	5	62	\$	2,189.88	\$	35.32		\$	437.98	\$	.18
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$	.00	.000		.00	\$	.00
@TOTAL HOSPITAL	1,672	7,785	\$			128.99	.626		600.61		80.72
HOSP INPATIENT TOTAL	116	516	'	760,116.35	'	1473.09	.041		6552.73		61.10
HSC HOSPITALS	14	133		203,826.00		1532.53	.011		14559.00		16.38
NON-HSC HOSPITAL TOTAL	102	383		556,290.35		1452.46	.031		5453.83		44.71
ACCOMMODATIONS	102	383		207,061.18		540.63	.031		2030.01		16.64
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	102	383		207,061.18		540.63	.031		2030.01		16.64
ANCILLARIES	102	0		349,229.17		.00	.000		3423.82		28.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	1	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,614	7 <b>,</b> 269		244,109.41		33.58	.584		151.24		19.62
MEDICAL	1,024	1,426		61,100.73		42.85	.115		59.67		4.91
SURGERY	137	178		17,591.11		98.83	.014		128.40		1.41
PATHOLOGY	572	1,899		20,362.53		10.72	.153		35.60		1.64
RADIOLOGY	448	641		53,266.88		83.10	.052		118.90		4.28
ROOM USE	1,126	1,545		61,103.06		39.55	.124		54.27		4.91
CROSSOVERS/ALL OTH OUTPINT	675	1,580		30,685.10		19.42	.127		45.46		2.47
@COUNTY HOSPITAL TOTAL	0 / 3	1,300	\$	37.56	\$	.00	.000	Ċ	.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
ANCILLARIES	0	0		.00			.000		.00		.00
INPATIENT CROSSOVERS	0	0				.00					
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00 37.56		.00	.000		.00		.00
MEDICAL	0	0				.00	.000		.00		.00
	0	0		14.54			.000				.00
SURGERY	· · · · · · · · · · · · · · · · · · ·	•		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	•	0		.00		.00	.000		.00		.00
ROOM USE	0	0		23.02		.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

PLUMAS COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

----- MONTHLY AVERAGE ------12,441 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,592 MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES 01/17/03

						MON	NTHLY AVERA	GE	
12,441 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	647	6,338	\$	87,256.57	\$ 13.77	.509	134.86	\$	7.01
DURABLE MED. EQUIP.	6	38		8,735.92	229.89	.003	1455.99		.70
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	67	1,919		47,549.66	24.78	.154	709.70		3.82
AMBULANCES/AIR TRANS	66	1,908		29,324.66	15.37	.153	709.70 444.31		2.36
OTHER TRANS	0	0		.00	15.37 .00	. 000	• 0 0		.00
OTHER SERVICES	11	11		18,225.00	1656.82	.001	1656.82		1.46
ACUPUNCTURE	2	8		140.57	17.57	.001	70.29		.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	43	45		3,894.00	86.53	.004	90.56		.31
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	183	394		3,899.79	9.90	.032	21.31		.31
PHYSICAL THERAPIST	29	149		2,402.53	16.12	.012	82.85		.19
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	3	3		221.99	74.00	.000	74.00		.02
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	3	3		221.99	74.00	.000	74.00		.02
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	298	1,260		15,174.30	12.04	.101	50.92		1.22
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	26	2,522		5,237.81	2.08	.203	201.45		.42
@CALIF. CHILDREN SERVICES*	24	1,285	\$	68,934.45			2872.27	\$	5.54
@XOVER EXCLUDING STATE HOSP**	13	37	\$	695.24	\$ 18.79	.003	53.48	\$	.06
0* TOTALS IN THESE LINES ARE G	IVEN AS A SEPAR	RATE INFORMATION I	TEM	ONLY;					
THE AMOUNTS ARE ALREADY INC									
** THESE DATA ARE INCLUDED IN									
			RES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DI	EC 2002	P	
	FEE-FOR-SERVICE								01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 43 MEDI	CAL	LY NEEDY					
						MOI	NTHLY AVERA	.GE	

TTOEDO								
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
8,202	110,843	\$	8,303,579.42	\$ 74.91	7.607	\$ 1012.38	\$	569.83
1,172	3,718	\$	149,174.11	\$ 40.12	.255	\$ 127.28	\$	10.24
230	257		11,675.33	45.43	.018	50.76		.80
130	144		6,379.04	44.30	.010	49.07		.44
0	0		.00	.00	.000	.00		.00
49	52		2,428.65	46.70	.004	49.56		.17
0	0		.00	.00	.000	.00		.00
16	19		1,611.45	84.81	.001	100.72		.11
39	42		1,256.19	29.91	.003	32.21		.09
100	405		26,982.64	66.62	.028	269.83		1.85
94	284		12,662.09	44.58	.019	134.70		.87
13	121		14,320.55	118.35	.008	1101.58		.98
0	0		.00	.00	.000	.00		.00
4	4		176.12	44.03	.000	44.03		.01
8	1,172 230 130 0 49 0 16 39 100 94	OR DAYS OF CARE 3,202 110,843 1,172 3,718 230 257 130 144 0 0 49 52 0 0 16 19 39 42 100 405 94 284	OR DAYS OF CARE  3,202	OR DAYS OF CARE  3,202	OR DAYS OF CARE  3,202 110,843 \$ 8,303,579.42 \$ 74.91 1,172 3,718 \$ 149,174.11 \$ 40.12 230 257 11,675.33 45.43 130 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  3,202	OR DAYS OF CARE  110,843 \$ 8,303,579.42 \$ 74.91 7.607 \$ 1012.38  1,172 3,718 \$ 149,174.11 \$ 40.12 .255 \$ 127.28  230 257 11,675.33 45.43 .018 50.76  130 144 6,379.04 44.30 .010 49.07  0 0 .00 .00 .00 .00  49 52 2,428.65 46.70 .004 49.56  0 0 0 .00 .00 .00 .00  16 19 1,611.45 84.81 .001 100.72  39 42 1,256.19 29.91 .003 32.21  100 405 26,982.64 66.62 .028 269.83  94 284 12,662.09 44.58 .019 134.70  13 121 14,320.55 118.35 .008 1101.58  0 0 .00 .00 .00 .00	OR DAYS OF CARE  110,843 \$ 8,303,579.42 \$ 74.91 7.607 \$ 1012.38 \$ 1,172 3,718 \$ 149,174.11 \$ 40.12 .255 \$ 127.28 \$ 230 257 11,675.33 45.43 .018 50.76 130 144 6,379.04 44.30 .010 49.07 0 .00 .00 .00 .00 .00 49 52 2,428.65 46.70 .004 49.56 0 0 0 .00 .00 .00 .00 .00 166 19 1,611.45 84.81 .001 100.72 39 42 1,256.19 29.91 .003 32.21 100 405 26,982.64 66.62 .028 269.83 94 284 12,662.09 44.58 .019 134.70 13 121 14,320.55 118.35 .008 1101.58 0 .00 .00 .00 .00 .00

EXAMINATIONS	4	4	176.12	44.03	.000	44.03	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	92	470	42,428.69	90.27	.032	461.18	2.91
PRINCIPAL SURGEON	65	76	34,967.77	460.10	.005	537.97	2.40
ASSISTANT SURGEON	13	13	1,953.78	150.29	.001	150.29	.13
ANESTHESIOLOGIST	27	381	5,507.14	14.45	.026	203.97	.38
OUTPATIENT SURGERY	41	116	8,656.25	74.62	.008	211.13	.59
PRINCIPAL SURGEON	32	45	7,260.21	161.34	.003	226.88	.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	71	1,396.04	19.66	.005	139.60	.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	151	252	8,616.89	34.19	.017	57.07	.59
RADIOLOGY	544	915	25,527.30	27.90	.063	46.93	1.75
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	503	7,518.22	14.95	.035	939.78	.52
OTHER SERVICES/ALL X-OVERS	302	796	17,592.67	22.10	.055	58.25	1.21
@ PHARMACY	4,794	16 <b>,</b> 575	\$ 1,018,731.57	\$ 61.46	1.137	\$ 212.50	\$ 69.91
PRESCRIPTION DRUGS	4,773	15 <b>,</b> 343	952 <b>,</b> 553.55	62.08	1.053	199.57	65.37
SNF/ICF	776	4,464	257 <b>,</b> 067.20	57.59	.306	331.27	17.64
OUTPATIENTS	4,016	10 <b>,</b> 879	695 <b>,</b> 486.35	63.93	.747	173.18	47.73
MEDICAL SUPPLIES	52	1,232	66,178.02	53.72		1272.65	4.54
@DENTIST	117	612	\$	\$ 45.21		\$	\$ 1.90
VISITS - DIAGNOSTIC	86	283	4,615.95	16.31	.019	53.67	.32
ORAL SURGERY	25	124	9,685.00	78.10		387.40	.66
DRUGS	14	22	288.36	13.11		20.60	.02
ANESTHESIA	14	14	1,400.00	100.00		100.00	.10
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.01
ENDODONTICS	12	34	3,420.00	100.59		285.00	.23
RESTORATIVE DENTISTRY	35	115	6,004.00	52.21	.008	171.54	.41
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	4	3	413.00	137.67		103.25	.03
SPACE MAINTAINERS	3	4	533.00	133.25	.000	177.67	.04

MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	9	1,030.00	114.44	.001	128.75	.07
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,594
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FO	OR 43 MEDICAI	LLY NEEDY				

PLOMAS COUNTY	SUMMARI OF SER	VICES FOR 43 MED	ICALL.	I NEEDI			M	חואר	HLY AVERA	CE	
14,572 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	7\ \ 7	ERAGE COST				GE.	COST PER
14,5/2 EDIGIBLES	USERS	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY		5	USER		ELIGIBLE
@OPTOMETRIST	398	1,045	£ \$	25,784.95	\$		.072	Ċ	64.79	¢	-
DIAGNOSTIC AND ANC. PROCED	240	242	٧	10,820.59	Y	44.71	.017	Y	45.09	Y	.74
EYE APPLIANCES	280	748		13,928.24		18.62	.051		49.74		.96
OTHER OPTOMETRIC SERVICES	45	55		1,036.12		18.84	.004		23.02		.07
@CHIROPRACTOR	1	4	\$		\$		.000	Ċ	66.88	Ċ	.00
VISITS	1	4	Y	66.88	Y	16.72	.000	Y	66.88	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	47	64	\$		\$	47.58	.004	Ċ	64.80	Ċ	.21
MEDICINE/INJECTIONS	28	35	٧	1,029.81	Y	29.42	.004	Y	36.78	Y	.07
SURGERY/ANES.	6	8		1,354.76		169.35	.002		225.79		.09
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	17	20		643.56		32.18	.000		37.86		.00
@HOME HEALTH AGENCY	10	45	ė	2,643.30	\$	58.74	.001	ċ	264.33	خ	.18
-	2	23	۶ \$			9.59	.003				
NURSE ANESTHESIST	∠ 5	23 62		220.48					110.24	\$	.02
NURSE MIDWIFE	-	0	\$		\$	35.32	.004			\$	.15
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$		\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	1,981		Ş		\$	.00	.000		.00		.00
@TOTAL HOSPITAL		9,103	\$		\$	120.00	.625	Ş	551.44	Ş	74.97
HOSP INPATIENT TOTAL	142	681		822,827.73		1208.26	.047		5794.56		56.47
HSC HOSPITALS	14	133		203,826.00		1532.53	.009		14559.00		13.99
NON-HSC HOSPITAL TOTAL	106	407		602,652.74		1480.72	.028		5685.40		41.36
ACCOMMODATIONS	106	407		216,750.05		532.56	.028		2044.81		14.87
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	-	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	106	407		216,750.05		532.56	.028		2044.81		14.87
ANCILLARIES	106 22	0		385,902.69		.00	.000		3640.59		26.48
INPATIENT CROSSOVERS		141		16,348.99		115.95	.010		743.14		1.12
ALL OTHER INPATIENT	1 1,905 1,041	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,905	8,422		269,573.63		32.01	.578		141.51		18.50
MEDICAL	T, OII	1,450		62,512.46		43.11	.100		60.05		4.29
SURGERY	138	180		18,107.44		100.60	.012		131.21		1.24
PATHOLOGY	593	1,971		21,376.25		10.85	.135		36.05		1.47
RADIOLOGY	461	655		54,197.61		82.74	.045		117.57		3.72
ROOM USE	1,144	1,566		62,717.97		40.05	.107		54.82		4.30
CROSSOVERS/ALL OTH OUTPTNT		2,600	_	50,661.90	_	19.49	.178	_	53.72	_	3.48
@COUNTY HOSPITAL TOTAL	0	0	\$	37.56	\$	.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	37.56	.00	.000	.00	.00
MEDICAL	0	0	14.54	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	23.02	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,595
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR 43 MEDICA	LLY NEEDY				
					MONTH	TIV ATTEDAC	`F

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR 43 MEDIO	CALL	Y NEEDY						
						MO				
14,572 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST					COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USE			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,981	9,103	\$	1,092,363.80	\$ 120.00	.625		.42	\$	74.96
COMM HOSP INPATIENT TOTAL	142	681		822,827.73	1208.26	.047	5794			56.47
HSC HOSPITALS	14	133		203,826.00	1532.53	.009	14559			13.99
NON-HSC HOSPITALS TOTAL	106	407		602,652.74	1480.72	.028	5685	.40		41.36
ACCOMMODATIONS	106	407		216,750.05	532.56	.028	2044	.81		14.87
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	106	407		216,750.05	532.56	.028	2044	.81		14.87
ANCILLARIES	106	0		385,902.69	.00	.000	3640	.59		26.48
INPATIENT CROSSOVERS	22	141		16,348.99	115.95	.010	743	.14		1.12
ALL OTHER INPATIENT	1	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,905	8,422		269,536.07	32.00	.578	141	.49		18.50
MEDICAL	1,041	1,450		62,497.92	43.10	.100	60	.04		4.29
SURGERY	138	180		18,107.44	100.60	.012	131			1.24
PATHOLOGY	593	1,971		21,376.25	10.85	.135	36	.05		1.47
RADIOLOGY	461	655		54,197.61	82.74	.045	117			3.72
ROOM USE	1,144	1,566		62,694.95	40.04	.107	54	.80		4.30
CROSSOVERS/ALL OTH OUTPINT		2,600		50,661.90	19.49	.178	53	.72		3.48
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000		.00	\$	.00
MENTALLY ILL	0	0	·	.00	.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	1,056	34,176	\$	4,947,232.30	\$ 144.76	2.345			\$	339.50
LEV A-INTERMEDIATE	0	0	·	.00	.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	1,056	34,176		4,947,232.30	144.76	2.345	4684			339.50
@INTERMEDIATE CARE FACILDD	_, 0	0	\$	.00	\$ .00	.000		.00	Ś	.00
ICF DDH	0	0	т.	.00	.00	.000		.00	-	.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	16	\$	5,546.12	\$ 346.63	.001			Ś	.38
HOSPITAL BASED	0	0	Ψ	.00	.00	.000		.00	٧	.00
HEMODIALYSIS CENTER	13	16		5,546.12	346.63	.001	426			.38
@REHABILITATION FACILITY	2	12	\$	209.21	\$ 17.43	.001		.61	¢	.01
HOSPITAL BASED	2	12	Y	209.21	17.43	.001	104		Y	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	340	700	\$	12,835.61	\$ 18.34	.048		.75	Ċ	.88
PATHOLOGY	336	694	Ÿ	12,759.93	18.39	.048		.98	۲	.88
XO AND OTHERS	336	6		75.68	12.61	.000		.90 .92		.01
@ORGANIZED OUTPATIENT CLINIC	3,727	6 <b>,</b> 266	\$	860,239.64	\$ 137.29	.430		.92 .81	Ċ	59.03
CLINIC CLINIC	3,727	128	۲	4,694.38	36.67	.009	126		7	.32
CHIMIC	3 /	120		4,094.30	20.07	.009	120	. 00		. 34

389.07 25.94 .001 97.27 15 4 .03 SURGICENTER .00 Ο HEROIN DETOX CLINIC 0 .00 .000 .00 .00 .420 231.12 **3,700 6,123 855,156.19 139.66** 58.68 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,596 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

		MONTHLY AVERAGE							
14,572 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	845	38,422	\$	155,589.27	\$ 4.05	2.637	\$ 184.13	\$	10.68
DURABLE MED. EQUIP.	14	106		13,967.61	131.77	.007	997.69		.96
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	12	23		3,398.92	147.78	.002	283.24		.23
MEDICAL TRANSPORTATION	111	31,619		94,336.47	2.98	2.170	849.88		6.47
AMBULANCES/AIR TRANS	69	1,925		29,740.46	15.45	.132	431.02		2.04
OTHER TRANS	25	28,906		43,419.17	1.50	1.984	1736.77		2.98
OTHER SERVICES	29	788		21,176.84	26.87	.054	730.24		1.45
ACUPUNCTURE	3	10		173.01	17.30	.001	57.67		.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	43	45		3,894.00	86.53	.003	90.56		.27
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	242	523		5,466.97	10.45	.036	22.59		.38
PHYSICAL THERAPIST	31	175		2,762.35	15.78	.012	89.11		.19
PORTABLE X-RAY	1	3		55.75	18.58	.000	55.75		.00
PROSTHETIST/ORTHOTISTS	3	3		221.99	74.00	.000	74.00		.02
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	3	3		221.99	74.00	.000	74.00		.02
PSYCHOLOGIST	1	1		31.08	31.08	.000	31.08		.00
SPEECH AND AUDIOLOGY	1	2		3.34	1.67	.000	3.34		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	299	1,274		15,434.49	12.11	.087	51.62		1.06
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	98	4,638		15,843.29	3.42	.318	161.67		1.09
@CALIF. CHILDREN SERVICES*	25	1,298	\$	70,581.00	\$ 54.38	.089	\$ 2823.24	\$	4.84
@XOVER EXCLUDING STATE HOSP**	562	3 <b>,</b> 850	\$	105,493.29	\$ 27.40	.264	\$ 187.71	\$	7.24

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,597 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						MOI	NIHLY AVERAG	5比
749 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	390	1,601	\$	108,260.11	\$ 67.62	2.138	277.59	\$ 144.54
@PHYSICIANS SERVICES	58	106	\$	4,142.56	\$ 39.08	.142	71.42	\$ 5.53
OUTPATIENT VISITS	13	17		732.10	43.06	.023	56.32	.98
OFFICE VISITS	10	13		626.55	48.20	.017	62.66	.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4		105.55	26.39	.005	35.18	.14
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	1	1			80.10		80.10	.001		80.10		.11
HOSPITAL VISITS	1	1			80.10		80.10	.001		80.10		.11
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	2			115.58		57.79	.003		57.79		.15
EXAMINATIONS	2	2			115.58		57.79	.003		57.79		.15
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1			544.28		544.28	.001		544.28		.73
PRINCIPAL SURGEON	1	1			544.28		544.28	.001		544.28		.73
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	4	19			839.60		44.19	.025		209.90		1.12
PRINCIPAL SURGEON	3	4			502.79		125.70	.005		167.60		.67
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	15			336.81		22.45	.020		168.41		.45
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	4	5			129.01		25.80	.007		32.25		.17
RADIOLOGY	36	52			1,381.62		26.57	.069		38.38		1.84
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	6			225.00		37.50	.008		75.00		.30
OTHER SERVICES/ALL X-OVERS	3	3			95.27		31.76	.004		31.76		.13
@PHARMACY	170	331	\$		14,299.04	\$	43.20	.442	\$	84.11	\$	19.09
PRESCRIPTION DRUGS	170	331			14,299.04		43.20	.442		84.11		19.09
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	170	331			14,299.04		43.20	.442		84.11		19.09
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	20	129	\$		5,074.00	\$	39.33	.172	\$	253.70	\$	6.77
VISITS - DIAGNOSTIC	17	66			888.00		13.45	.088		52.24		1.19
ORAL SURGERY	3	8			766.00		95.75	.011		255.33		1.02
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	1	1			200.00		200.00	.001		200.00		.27
ENDODONTICS	3	15			1,065.00		71.00	.020		355.00		1.42
RESTORATIVE DENTISTRY	7	34			1,933.00		56.85	.045		276.14		2.58
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	3	3			222.00		74.00	.004		74.00		.30
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	2			.00		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES :	MONTH-C		EPOR:			DEC		Р	AGE 9,598
MOP024	FEE-FOR-SERVICE/DENTAL								_		_	01/17/03
DI IIMA C. COUNEY	CHANA DV OF CERTIFICES FO	D 44 MTC			2 04 23 45	47 47	. AM ETZ 7:	п 00				= -, = -, 30

----- MONTHLY AVERAGE -----749 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2.48 @OPTOMETRIST 22 51 \$ 1,861.20 36.49 .068 \$ 84.60 \$ DIAGNOSTIC AND ANC. PROCED 17 17 767.14 45.13 .023 45.13 1.02 EYE APPLIANCES 11 32 1,058.65 33.08 .043 96.24 1.41 2 17.71 .003 .05 OTHER OPTOMETRIC SERVICES 35.41 17.71 0 .00 \$ .00 .000 \$ .00 \$ .00 @CHIROPRACTOR .00 .00 VISITS 0 0 .00 .000 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST .00 .000 \$ .00 \$ .00

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

PLUMAS COUNTY

MEDICINE/INJECTIONS O SURGERY/ANES. O O O O O O O O O O O O O O O O O O O
RADIO./PATHOLOGY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 OTHER 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
OTHER
## CHOME HEALTH AGENCY
NURSE ANESTHESIST 1 5 \$ 103.81 \$ 20.76 .007 \$ 103.81 \$ .14 NURSE MIDWIFE 0 0 0 \$ .00
NURSE MIDWIFE         0         0         \$         .00         .00<
PEDIATRIC NURSE PRACTITIONER         0         \$         .00         .00
FAMILY NURSE PRACTITIONER 0 0 \$ .00
## CTOTAL HOSPITAL   84   276   \$ 15,927.04   \$ 57.71   .368   \$ 189.61   \$ 21.26
HOSP INPATIENT TOTAL         2         3         5,342.13         1780.71         .004         2671.07         7.13           HSC HOSPITALS         0         0         .00         .00         .00         .00         .00           NON-HSC HOSPITAL TOTAL         2         3         5,342.13         1780.71         .004         2671.07         7.13           ACCOMMODATIONS         2         3         956.80         318.93         .004         478.40         1.28           ADMINISTRATIVE DAYS         0         0         .00         .00         .00         .00         .00         .00           TRANSITIONAL IP CARE         0         0         .00         .00         .00         .00         .00         .00         .00         .00           ALL OTHER ACCOM         2         3         956.80         318.93         .004         478.40         1.28           ANCILLARIES         2         0         4,385.33         .00         .000         2192.67         5.85           INPATIENT CROSSOVERS         0         0         .00         .00         .00         .00         .00         .00           ALL OTHER INPATIENT         0         0         .00
HSC HOSPITALS         0         0         .00         .00         .00         .00         .00         .00           NON-HSC HOSPITAL TOTAL         2         3         5,342.13         1780.71         .004         2671.07         7.13           ACCOMMODATIONS         2         3         956.80         318.93         .004         478.40         1.28           ADMINISTRATIVE DAYS         0         0         .00         .00         .00         .00         .00         .00           TRANSITIONAL IP CARE         0         0         .00         .00         .00         .00         .00         .00         .00         .00           ALL OTHER ACCOM         2         3         956.80         318.93         .004         478.40         1.28           ANCILLARIES         2         0         4,385.33         .00         .000         2192.67         5.85           INPATIENT CROSSOVERS         0         0         .00         .00         .00         .00         .00         .00           ALL OTHER INPATIENT         0         0         .00         .00         .00         .00         .00         .00         .00           HOSP OUTPATIENT TOTAL
ACCOMMODATIONS 2 3 956.80 318.93 .004 478.40 1.28 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 2 3 956.80 318.93 .004 478.40 1.28 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE       0       0       .00
ALL OTHER ACCOM 2 3 956.80 318.93 .004 478.40 1.28 ANCILLARIES 2 0 4,385.33 .00 .000 2192.67 5.85 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 83 273 10,584.91 38.77 .364 127.53 14.13 MEDICAL 48 58 2,830.66 48.80 .077 58.97 3.78
ANCILLARIES 2 0 4,385.33 .00 .000 2192.67 5.85 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 83 273 10,584.91 38.77 .364 127.53 14.13 MEDICAL 48 58 2,830.66 48.80 .077 58.97 3.78
INPATIENT CROSSOVERS         0         0         .00         .00         .00         .00         .00           ALL OTHER INPATIENT         0         0         .00         .00         .00         .00         .00         .00           HOSP OUTPATIENT TOTAL         83         273         10,584.91         38.77         .364         127.53         14.13           MEDICAL         48         58         2,830.66         48.80         .077         58.97         3.78
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 83 273 10,584.91 38.77 .364 127.53 14.13 MEDICAL 48 58 2,830.66 48.80 .077 58.97 3.78
HOSP OUTPATIENT TOTAL       83       273       10,584.91       38.77       .364       127.53       14.13         MEDICAL       48       58       2,830.66       48.80       .077       58.97       3.78
MEDICAL 48 58 2,830.66 48.80 .077 58.97 3.78
CIIDCEDV 7 7 991 19 125 99 000 125 00 1 10
JUNGENT / 001.10 12J.00 .009 12J.00 1.10
PATHOLOGY 21 52 627.53 12.07 .069 29.88 .84
RADIOLOGY 22 38 2,919.85 76.84 .051 132.72 3.90
ROOM USE 52 63 2,660.99 42.24 .084 51.17 3.55
CROSSOVERS/ALL OTH OUTPTNT 34 55 664.70 12.09 .073 19.55 .89
@COUNTY HOSPITAL TOTAL 0 0 \$ 33.26 \$ .00 .000 \$ .00 \$ .04
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	33.26	.00	.000	.00	.04
MEDICAL	0	0	17.91	.00	.000	.00	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	1.70	.00	.000	.00	.00
RADIOLOGY	0	0	5.68	.00	.000	.00	.01
ROOM USE	0	0	7.97	.00	.000	.00	.01
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 9,599
MOP024	FEE-FOR-SERVICE/DENTA	.L					01/17/03
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PLUMAS COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82
----- MONTHLY AVERAGE ------

MONTHLY AVERA	
749 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 84 276 \$ 15,893.78 \$ 57.59 .368 \$ 189.21	\$ 21.22
COMM HOSP INPATIENT TOTAL 2 3 5,342.13 1780.71 .004 2671.07	7.13
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 2 3 5,342.13 1780.71 .004 2671.07	7.13
ACCOMMODATIONS 2 3 956.80 318.93 .004 478.40	1.28
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 2 3 956.80 318.93 .004 478.40	1.28
ANCILLARIES 2 0 4,385.33 .00 .000 2192.67	5.85
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
COMM HOSP OUTPATIENT TOTAL 83 273 10,551.65 38.65 .364 127.13	14.09
MEDICAL 48 58 2,812.75 48.50 .077 58.60	3.76
SURGERY 7 7 881.18 125.88 .009 125.88	1.18
PATHOLOGY 21 52 625.83 12.04 .069 29.80	.84
RADIOLOGY 22 38 2,914.17 76.69 .051 132.46	3.89
ROOM USE 52 63 2,653.02 42.11 .084 51.02	3.54
CROSSOVERS/ALL OTH OUTPTNT 34 55 664.70 12.09 .073 19.55	.89
@STATE HOSPITAL 0 0 \$ .00 \$ .00 \$ .00	\$ .00
MENTALLY ILL 0 0 0 .00 .00 .00 .00	.00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00	.00
@NURSING FACILITY 0 0 \$ .00 \$ .00 .000 \$ .00	\$ .00
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00	.00
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00	.00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00	.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
LEV B-REGULAR 0 0 .00 .00 .00 .00 .00	.00
@INTERMEDIATE CARE FACILDD	\$ .00
ICF DDH 0 0 .00 .00 .00 .00	.00
ICF DD 0 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 0 0 \$ .00 \$ .00 \$ .00	\$ .00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$ .00 \$ .00 .000 \$ .00	\$ .00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	20	42 \$	902.53	\$	21.49	.056	\$ 45.13	\$	1.20
PATHOLOGY	20	42	902.53		21.49	.056	45.13		1.20
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	231	403 \$	59,419.48	\$	147.44	.538	\$ 257.23	\$	79.33
CLINIC	2	6	65.65		10.94	.008	32.83		.09
SURGICENTER	1	8	274.34		34.29	.011	274.34		.37
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	229	389	59,079.49		151.88	.519	257.99		78.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE	9,600
MOP024	FEE-FOR-SERVICE/DENT	TAL						C	01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR 44 MIC -	NO SOC 03 04 2A 45	4A 4K	4M 5K 7	Г 82			

----- MONTHLY AVERAGE -----749 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 6,320.32 \$ 24.98 .338 \$ 191.52 \$ 8.44 253 \$ @ALL OTHER PROVIDERS 33 0 0 .00 DURABLE MED. EQUIP. 0 0 BLOOD BANK 0 0 .00 HEARING AID DISPENSERS U 3 3 0 118 5.92 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS 117 0 OTHER TRANS .00 OTHER SERVICES 2.40 .00 ACUPUNCTURE 0 ADULT DAY HEALTH CARE CTR 0 .00 GENETIC DISEASE TESTING 0 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 OCCUPATIONAL THERAPIST 18 OPTICIAN PHYSICAL THERAPIST 38 0 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS 0 .00 .00 PROSTHETICS ORTHOTICS PSYCHOLOGIST 0 .00 .00 SPEECH AND AUDIOLOGY HOSPICE SERVICES .00 0 14 NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES 1.31 EPSDT SUPPLEMENTAL SERVICE .00 .00 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING .00 ALL OTHER PROVIDERS .00 ALL OTHER PROVIDERS 0 0

@CALIF. CHILDREN SERVICES\* 0 0 \$

@XOVER EXCLUDING STATE HOSP\*\* 0 \$ .00 \$ .00 .00 \$ .00 .000 \$ .00 \$ . 00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,601 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

\_\_\_\_\_ MONTHIV AMEDICE \_\_\_\_\_

						M	OIA I I	ULI AVEKA	GĿ	
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S (	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	22	98	\$ 14,207.51	\$	144.97	12.250	\$	645.80	\$	1775.94
@PHYSICIANS SERVICES	4	24	\$ 1,349.10	\$	56.21	3.000	\$	337.28	\$	168.64

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	1		870.07	870.07	.125	870.07		108.76
PRINCIPAL SURGEON	1	1		870.07	870.07	.125	870.07		108.76
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	1	16		275.66	17.23	2.000	275.66		34.46
PRINCIPAL SURGEON	1	1		72.23	72.23	.125	72.23		9.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	15		203.43	13.56	1.875	203.43		25.43
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	3	7		203.37	29.05	.875	67.79		25.42
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	9	14	\$	547.82	\$ 39.13	1.750		\$	68.48
PRESCRIPTION DRUGS	9	14		547.82	39.13	1.750	60.87		68.48
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	9	14		547.82	39.13	1.750	60.87		68.48
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	1	7	\$	623.00	\$ 89.00	.875		Ş	77.88
VISITS - DIAGNOSTIC	1	2		50.00	25.00	.250	50.00		6.25
ORAL SURGERY	1	4		473.00	118.25	.500	473.00		59.13
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	1	1		100.00	100.00	.125	100.00		12.50
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0			.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES		ŭ	DEC M	.00.	.00	.000	.00	Б	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES MO	JNTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	EC 2002	Ρ.	AGE 9,602
MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE	JOENTAL JICES FOR 45 MIC	200	<u> </u>	AID C	ODE			01/17/03
PLOMAS COUNTI	SUMMARI OF SERV	/ICES FOR 45 MIC	- 500	<u> </u>	AID C		ממזיי אוייים	CE	
08 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	AVERAGE COST	MON			COST PER
OO EDIGIDADO	CAECO	OR DAYS OF CAR		EVE FINDT I OKE?	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CAR	£ \$	.00	\$ .00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0	7	.00	.00	.000	.00	7	.00
DIMONOUTIC MIND ANC. INCOLD	O	O		.00	• 0 0	• 000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0	0	٠ ۲		\$					\$	
NURSE ANESTHESIST	0		ې د	.00	'	.00	.000	\$	.00		.00
NURSE MIDWIFE	ŭ	0	\$ \$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	35	\$	8,239.18	\$	235.41	4.375	\$	1029.90	\$	1029.90
HOSP INPATIENT TOTAL	2	2		6,170.65		3085.33	.250		3085.33		771.33
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	2		6,170.65		3085.33	.250		3085.33		771.33
ACCOMMODATIONS	2	2		1,011.20		505.60	.250		505.60		126.40
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	2		1,011.20		505.60	.250		505.60		126.40
ANCILLARIES	2	0		5,159.45		.00	.000		2579.73		644.93
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	33		2,068.53		62.68	4.125		344.76		258.57
MEDICAL	Δ	5		249.87		49.97	.625		62.47		31.23
SURGERY	3	5		610.93		122.19	.625		203.64		76.37
PATHOLOGY	1	2		14.42		7.21	.250		14.42		1.80
	2	8		718.44							
RADIOLOGY	۷	8 7				89.81	1.000		359.22		89.81
ROOM USE	5			401.49		57.36	.875		80.30		50.19
CROSSOVERS/ALL OTH OUTPTNT		6	_	73.38	_	12.23	.750	_	24.46	_	9.17
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	Ő	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	•									
CROSSOVERS/ALL OTH OUTPINT		O AND EVDENDIM	IDEC .	.00.	, E D O D	.00	.000		.00	_	.00
			UKES M	MONTH-OF-PAYMENT F	KE POR	T FOR JAN	ZUUZ THKU	DEC	2002	Ρ.	AGE 9,603
MOP024	FEE-FOR-SERVICE		~ -								01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 45 MI	C - SC	OC .		AID C					
							M				
08 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	'UNITS/DAY	S (	COST PER		COST PER

		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	;	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	35	\$ 8,239.18	\$	235.41	4.375	\$	1029.90	\$ 1029.90
COMM HOSP INPATIENT TOTAL	2	2	6,170.65	3	085.33	.250		3085.33	771.33
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	2	2	6,170.65	3	085.33	.250		3085.33	771.33
ACCOMMODATIONS	2	2	1,011.20		505.60	.250		505.60	126.40
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	2	2	1,011.20		505.60	.250		505.60	126.40
ANCILLARIES	2	0	5,159.45		.00	.000		2579.73	644.93
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	6	33	2,068.53		62.68	4.125		344.76	258.57
MEDICAL	4	5	249.87		49.97	.625		62.47	31.23
SURGERY	3	5	610.93		122.19	.625		203.64	76.37
PATHOLOGY	1	2	14.42		7.21	.250		14.42	1.80
RADIOLOGY	2	8	718.44		89.81	1.000		359.22	89.81
ROOM USE	5	7	401.49		57.36	.875		80.30	50.19
CROSSOVERS/ALL OTH OUTPINT	3	6	73.38		12.23	.750		24.46	9.17
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MENTALLY ILL	0	0	.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
LEV B-REGULAR	0	0	.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
ICF DDH	0	0	.00		.00	.000		.00	.00
ICF DD	0	0	.00		.00	.000		.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	30.74	\$	15.37	.250	\$	15.37	\$	3.84
PATHOLOGY	2	2		30.74		15.37	.250		15.37		3.84
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	15	\$	2,067.67	\$	137.84	1.875	\$	187.97	\$	258.46
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	15		2,067.67		137.84	1.875		187.97		258.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITUR	ES MONTH-O	F-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 9,604
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	45 MIC	- SOC			AID (	CODE				

08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	1,350.00	\$ 1350.00	.125 \$	1350.00	\$ 168.75
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1	1,350.00	1350.00	.125	1350.00	168.75
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,350.00	1350.00	.125	1350.00	168.75
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERA	GE
757 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	412	1 <b>,</b> 699 \$	122,467.62	\$ 72.08	2.244 \$	297.25	\$ 161.78
@PHYSICIANS SERVICES	62	130 \$	5,491.66	\$ 42.24	.172 \$	88.58	\$ 7.25
OUTPATIENT VISITS	13	17	732.10	43.06	.022	56.32	.97
OFFICE VISITS	10	1.3	626.55	48.20	.017	62.66	.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	105.55	26.39	.005	35.18	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	80.10	80.10	.001	80.10	.11
HOSPITAL VISITS	1	1	80.10	80.10	.001	80.10	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	115.58	57.79	.003	57.79	.15
EXAMINATIONS	2	2	115.58	57.79	.003	57.79	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	2	2			.003	707.18	1.87
INPATIENT HOSPITAL SURGERY	2	2	1,414.35 1,414.35	707.18 707.18		707.18	1.87
PRINCIPAL SURGEON	0	0	•		.003		
ASSISTANT SURGEON	U	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	35	1,115.26	31.86	.046	223.05	1.47
PRINCIPAL SURGEON	4	5	575.02	115.00	.007	143.76	.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	30	540.24	18.01	.040	180.08	.71
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	129.01	25.80	.007	32.25	.17
RADIOLOGY	39	59	1,584.99	26.86	.078	40.64	2.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	225.00	37.50	.008	75.00	.30
OTHER SERVICES/ALL X-OVERS	3	3	95.27	31.76	.004	31.76	.13
@PHARMACY	179	345 \$	14,846.86	\$ 43.03	.456 \$	82.94	
PRESCRIPTION DRUGS	179	345	14,846.86	43.03	.456	82.94	19.61
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	179	345	14,846.86	43.03	.456	82.94	19.61
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	21	136 \$	5,697.00	\$ 41.89	.180 \$	271.29	
VISITS - DIAGNOSTIC	18	68	938.00	13.79	.090	52.11	1.24
ORAL SURGERY	4	12	1,239.00	103.25	.016	309.75	1.64
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.13
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.26
ENDODONTICS	3	15	1,065.00	71.00	.020	355.00	1.41
RESTORATIVE DENTISTRY	7	34	1,933.00	56.85	.045	276.14	2.55
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	3	222.00	74.00	.004	74.00	.29
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO					PAGE 9,606
MODOSA	EEE EOD CEDUTCI						01/17/02

01/17/03

FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	46 MEDI	CALLY	INDIGENT CHILDRE	IN		M	חואר	מדע אוופסא	CF	
757 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Z\ \ 7	ERAGE COST				.GE	COST PER
737 EDIGIDDES	ODLIND	OR DAYS			EXTENDITORES		R UNIT/DAY	/	J	USER		ELIGIBLE
@OPTOMETRIST	22	OIC BILLO	51	\$	1,861.20	\$	36.49	.067	Ś	84.60	Ś	2.46
DIAGNOSTIC AND ANC. PROCED	17		17	т	767.14	т	45.13	.022	7	45.13	7	1.01
EYE APPLIANCES	11		32		1,058.65		33.08	.042		96.24		1.40
OTHER OPTOMETRIC SERVICES	2		2		35.41		17.71	.003		17.71		.05
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
VISITS	0		Ō	•	.00	'	.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0	·	.00	·	.00	.000	·	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		5	\$	210.13	\$	42.03	.007	\$		\$	.28
NURSE ANESTHESIST	1		5	\$	103.81	\$	20.76	.007		103.81	\$	.14
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	92		311	\$		\$		.411		262.68	\$	31.92
HOSP INPATIENT TOTAL	4		5		11,512.78		2302.56	.007		2878.20		15.21
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4		5		11,512.78		2302.56	.007		2878.20		15.21
ACCOMMODATIONS	4		5		1,968.00		393.60	.007		492.00		2.60
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4		5		1,968.00		393.60	.007		492.00		2.60
ANCILLARIES	4		0		9,544.78		.00	.000		2386.20		12.61
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	89		306		12,653.44		41.35	.404		142.17		16.72
MEDICAL	52		63		3,080.53		48.90	.083		59.24		4.07
SURGERY	10		12		1,492.11		124.34	.016		149.21		1.97
PATHOLOGY	22		54		641.95		11.89	.071		29.18		.85
RADIOLOGY	24		46		3,638.29		79.09	.061		151.60		4.81
ROOM USE	57		70		3,062.48		43.75	.092		53.73		4.05
CROSSOVERS/ALL OTH OUTPTNT	37		61		738.08		12.10	.081		19.95		.98
@COUNTY HOSPITAL TOTAL	0		0	\$	33.26	\$	.00	.000	\$		\$	.04
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		33.26		.00	.000		.00		.04
MEDICAL	0		0		17.91		.00	.000		.00		.02
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		1.70		.00	.000		.00		.00
RADIOLOGY	0		0		5.68		.00	.000		.00		.01
ROOM USE	0		0		7.97		.00	.000		.00		.01

01/17/03

01/17/03

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

MOP024

PLUMAS COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL PLUMAS COUNTY

FEE-FOR-SERVICE/DENIAL
SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN
------ MONTHLY AVERAGE ------757 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER @COMMUNITY HOSPITAL TOTAL QNURSING FACILITY @INTERMEDIATE CARE FACIL.-DD @LABORATORY FACILITY @ORGANIZED OUTPATIENT CLINIC 242 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,608

757 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	34	254 \$	7,670.32	\$ 30.20	.336	225.60	\$ 10.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	119	5,785.83	48.62	.157	1446.46	7.64
AMBULANCES/AIR TRANS	3	117	2,635.83	22.53	.155	878.61	3.48
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,150.00	1575.00	.003	1575.00	4.16
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	160.00	80.00	.003	80.00	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	18	161.30	8.96	.024	17.92	.21
PHYSICAL THERAPIST	5	38	580.61	15.28	.050	116.12	.77
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	77	982.58	12.76	.102	70.18	1.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	Ü	0 \$	.00	\$ .00	.000	.00	\$ .00

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP\*\* 0 .00 \$ .00 .000 \$ .00 \$ .00

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,609 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

PLOMAS COUNTI	SUMMARI OF SER	ICES FOR 4	/ MIA -	- 140	J SOC - AID PAID PE	PNITING	AID C			1111 W 71111 7	O E	
OO ELICIDIES	HCEDC	INTER OF C	7077705		EVDENDIBLEC	ATTEDACE	COCE			HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SE OR DAYS OF			EXPENDITURES	PER UNI		UNITS/DAY PER ELIG		COST PER USER		COST PER ELIGIBLE
AMOMAI AII DDOMIDEDC	0	OR DAIS OF		ċ	.00		.00	.000		.00	\$	
@TOTAL, ALL PROVIDERS			0	\$		\$						.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	Ü		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0		0	т	.00	*	.00	.000	7	.00	-	.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	0		0	Ψ	.00	Ψ	.00	.000	٧	.00	۲	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00			.000		.00		
ENDODONTICS	0		0				.00					.00
RESTORATIVE DENTISTRY	0		-		.00		.00	.000		.00		.00
PROSTHETICS	U		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	U		-		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,610
MOP024	FEE-FOR-SERVICE/DENTAL	_					01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING PLUMAS COUNTY AID CODE ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$ .00 .000 \$ .00 \$ .00 @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .00 .00 \$ .00 .000 \$ .00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 Ś .00 .000 \$ .00 Ś .00 NURSE ANESTHESIST .00 \$ .00 .000 Ś .00 Ś .00 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$ .00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 . 00 .000 . 00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 200	2 THRU DEC	2002	PAGE 9,611
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R 47 MIA - N	NO SOC - AID PAID PEN	DING AID CODE	1		
					14017		· -

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR 47 MIA	- NO	SOC - AID PAID PI	ENDING	AID CC	DE			01/1//05
							MO	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
ICF DDH	0	0	·	.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000			
HOSPITAL BASED	0	0	'	.00	•	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000			
HOSPITAL BASED	0	0	7	.00	т	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000			
PATHOLOGY	0	0	т.	.00	т	.00	.000	.00		.00
XO AND OTHERS	0	Ö		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	Ő	\$	.00	\$	.00	.000			
CLINIC	0	0	'	.00	'	.00	.000	.00		.00
	ŭ	٥		• 0 0		• • •	• 0 0 0			• • •

						MOI	NTHLY AVERA	.GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		.00
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**		0	\$	.00	\$ .00	.000	\$ .00	\$	.00
A* TOTALS IN THESE LINES ARE	CIVEN AC A CEDA	DATE THEODMATTON TO	трм с	NIT V •					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,613
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MOI	NTHLY AVERA	GE	
25 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@TOTAL, ALL PROVIDERS	26	112	\$	17,961.07	\$ 160.37	4.480	\$ 690.81	\$	718.44
@PHYSICIANS SERVICES	8	32	\$	2,133.17	\$ 66.66	1.280	\$ 266.65	\$	85.33
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00
INPATIENT VISITS	1	3	117.67	3	39.22	.120	117.67	4.71
HOSPITAL VISITS	1	3	117.67	3	39.22	.120	117.67	4.71
CRITICAL CARE	0	0	.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00
EXAMINATIONS	0	0	.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	17	1,665.71	9	97.98	.680	416.43	66.63
PRINCIPAL SURGEON	3	4	1,207.36	30	01.84	.160	402.45	48.29
ASSISTANT SURGEON	2	2	326.38	16	63.19	.080	163.19	13.06
ANESTHESIOLOGIST	1	11	131.97	1	12.00	.440	131.97	5.28
OUTPATIENT SURGERY	1	6	122.03	2	20.34	.240	122.03	4.88
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	122.03	2	20.34	.240	122.03	4.88
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	1	1	60.25	(	60.25	.040	60.25	2.41
RADIOLOGY	4	4	109.25	2	27.31	.160	27.31	4.37
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	58.26	Ţ.	58.26	.040	58.26	2.33
@PHARMACY	7	12	\$ 253.67	\$ 2	21.14	.480	\$ 36.24	\$ 10.15
PRESCRIPTION DRUGS	7	12	253.67	2	21.14	.480	36.24	10.15
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	7	12	253.67	4	21.14	.480	36.24	10.15
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	.00	.00
ORAL SURGERY	0	0	.00		.00	.000	.00	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00

						0.0						
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RE	EPOR1	FOR JAN 2	2002 THRU	DEC	2002	P	PAGE 9,614	
MOP024	FEE-FOR-SERVICE										01/17/03	
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 48 MIA	- NO	SOC - PREGNANT		AID CC						
							M					
25 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER	
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
VISITS	0	0		.00		.00	.000		.00		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00	
OTHER	0	0		.00		.00	.000		.00		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		.00		.00	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$		\$	.00	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$		\$	.00	
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00		\$	.00		.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00		.00	
@TOTAL HOSPITAL	10	40	\$	11,871.35		296.78		\$	1187.14	\$	474.85	
HOSP INPATIENT TOTAL	2	8		10,978.20		1372.28	.320		5489.10		439.13	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITAL TOTAL	2	8		10,978.20		1372.28	.320		5489.10		439.13	
ACCOMMODATIONS	2	8		3,051.40		381.43	.320		1525.70		122.06	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	2	8		3,051.40		381.43	.320		1525.70		122.06	
ANCILLARIES	2	0		7,926.80		.00	.000		3963.40		317.07	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	8	32		893.15		27.91	1.280		111.64		35.73	
MEDICAL	2	4		120.33		30.08	.160		60.17		4.81	
SURGERY	1	1		47.35		47.35	.040		47.35		1.89	
PATHOLOGY	6	15		224.64		14.98	.600		37.44		8.99	
DADTOLOGY	2	2		115 (0		F7 00	000		E7 00		1 (2	

5 5 0

0

0

0

0

0

0

RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ROOM USE

115.60

246.86

138.37

.00

.00

.00

.00

.00

57.80

49.37

27.67

.00

.00

.00

.00

.00

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.000 \$

57.80

82.29

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.00

.00

.00

.00

138.37

4.62

9.87

5.53

.00

.00

.00

.00

.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 9,615	
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03	
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR 48 MIA - NO S	SOC - PREGNANT	AID CO	DDE			
					MON	THLY AVERAG	E	
25 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	10	40 \$	11,871.35	\$ 296.78	1.600 \$	1187.14	\$ 474.85	
COMM HOSP INPATIENT TOTAL	2	8	10,978.20	1372.28	.320	5489.10	439.13	
UCC UCCDITATO	Ū	$\cap$	0.0	0.0	$\cap \cap \cap$	$\cap \cap$	$\cap \cap$	

25 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	40	\$ 11,871.35	\$ 296.78	1.600		\$ 474.85
COMM HOSP INPATIENT TOTAL	2	8	10,978.20	1372.28	.320	5489.10	439.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8	10,978.20	1372.28	.320	5489.10	439.13
ACCOMMODATIONS	2	8	3,051.40	381.43	.320	1525.70	122.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	3,051.40	381.43	.320	1525.70	122.06
ANCILLARIES	2	0	7,926.80	.00	.000	3963.40	317.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	32	893.15	27.91	1.280	111.64	35.73
MEDICAL	2	4	120.33	30.08	.160	60.17	4.81
SURGERY	1	1	47.35	47.35	.040	47.35	1.89
PATHOLOGY	6	15	224.64	14.98	.600	37.44	8.99
RADIOLOGY	2	2	115.60	57.80	.080	57.80	4.62
ROOM USE	3	5	246.86	49.37	.200	82.29	9.87
CROSSOVERS/ALL OTH OUTPTNT	1	5	138.37	27.67	.200	138.37	5.53
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	4	5 \$	70.74	\$ 14.15	.200	\$ 17.69	\$ 2.83	
PATHOLOGY	4	5	70.74	14.15	.200	17.69	2.83	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	14	21 \$	3,472.14	\$ 165.34	.840	\$ 248.01	\$ 138.89	
CLINIC	0	0	.00	.00	.000	.00	.00	
SURGICENTER	0	0	.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	14	21	3,472.14	165.34	.840	248.01	138.89	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU D	DEC 2002	PAGE 9,616	
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03	
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR 48 MIA - 1	NO SOC - PREGNANT	AID C	CODE			
					MO	NTHLY AVERA	GE	
25 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR D	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	

25 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
20 20101000	COLING	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	2 \$	160.00	\$ 80.00	.080 \$		_
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	160.00	80.00	.080	80.00	6.40
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,617 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							M	ON.T.	HLY AVERA	GE .	
25 ELIGIBLES	USERS	UNITS OF SERVICE	$\equiv$	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CAR	€		PEF	R UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@TOTAL, ALL PROVIDERS	26	112	\$	17,961.07	\$	160.37	4.480	\$	690.81	\$	718.44
@PHYSICIANS SERVICES	8	32	\$	2,133.17	\$	66.66	1.280	\$	266.65	\$	85.33

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	3		117.67		39.22	.120		117.67		4.71
HOSPITAL VISITS	1	3		117.67		39.22	.120		117.67		4.71
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	17		1,665.71		97.98	.680		416.43		66.63
PRINCIPAL SURGEON	3	4		1,207.36		301.84	.160		402.45		48.29
ASSISTANT SURGEON	2	2		326.38		163.19	.080		163.19		13.06
ANESTHESIOLOGIST	1	11		131.97		12.00	.440		131.97		5.28
OUTPATIENT SURGERY	1	6		122.03		20.34	.240		122.03		4.88
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON ANESTHESIOLOGIST	1	6		122.03		20.34	.240		122.03		4.88
	0	0							.00		
DIALYSIS	0	1		.00		.00	.000				.00
PATHOLOGY	1	4		60.25		60.25	.040		60.25		2.41
RADIOLOGY	0	-		109.25		27.31	.160		27.31		4.37
PSYCHIATRY	~	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1_	1		58.26		58.26	.040		58.26		2.33
@PHARMACY	7	12	\$	253.67	\$	21.14	.480	\$	36.24	Ş	10.15
PRESCRIPTION DRUGS	7	12		253.67		21.14	.480		36.24		10.15
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	7	12		253.67		21.14	.480		36.24		10.15
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	PAG	E 9,618
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES		MIA	- NO SOC							. ,
							N	IONTI	HLY AVERA	GE	

MONTHLY AVERAGE 25 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 @OPTOMETRIST 0 .00 .000 DIAGNOSTIC AND ANC. PROCED .00 .00 .00

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0	0	٧	.00	۲	.00	.000	٧	.00	Υ	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	Ś	.00	.000	Ś	.00	\$	.00
MEDICINE/INJECTIONS	0	0	7	.00	7	.00	.000	7	.00	т.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	10	40	\$	11,871.35	\$	296.78	1.600	\$	1187.14	\$	474.85
HOSP INPATIENT TOTAL	2	8		10,978.20		1372.28	.320		5489.10		439.13
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	8		10,978.20		1372.28	.320		5489.10		439.13
ACCOMMODATIONS	2	8		3,051.40		381.43	.320		1525.70		122.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	8		3,051.40		381.43	.320		1525.70		122.06
ANCILLARIES	2	0		7,926.80		.00	.000		3963.40		317.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	32		893.15		27.91	1.280		111.64		35.73
MEDICAL	2	4		120.33		30.08	.160		60.17		4.81
SURGERY	1	1		47.35		47.35	.040		47.35		1.89
PATHOLOGY	6	15		224.64		14.98	.600		37.44		8.99
RADIOLOGY	2	2		115.60		57.80	.080		57.80		4.62
ROOM USE	3	5		246.86		49.37	.200		82.29		9.87

CROSSOVERS/ALL OTH OUTPINT	1	5		138.37	27.	.200	138.3	7	5.53
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.	.000	) \$ .00	) \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000	.00	)	.00
HSC HOSPITALS	0	0		.00		.000	.00	)	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	)	.00
ACCOMMODATIONS	0	0		.00		.000	.00	)	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	)	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	)	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	)	.00
ANCILLARIES	0	0		.00		.000	.00	)	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	)	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	)	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00	)	.00
MEDICAL	0	0		.00		.000	.00	)	.00
SURGERY	0	0		.00		.000	.00	)	.00
PATHOLOGY	0	0		.00		.000	.00	)	.00
RADIOLOGY	0	0		.00		.000	.00	)	.00
ROOM USE	0	0		.00		.000	.00	)	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	)	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF	-PAYMENT RE	EPORT FOR	JAN 2002 THRU	J DEC 2002	PAG	GE 9,619
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO SC	C					

FLOMAS COUNTI	SOMMANT OF SEN	LILA CF NOT CHOIV.	MILM	NO 50C					
							NTHLY AVERA	_	
25 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PE	
		OR DAYS OF CARE			PER UNIT/DAY	_	USER	ELIGIBI	
@COMMUNITY HOSPITAL TOTAL	10	40	\$	,	\$ 296.78	1.600			
COMM HOSP INPATIENT TOTAL	2	8		10,978.20	1372.28	.320	5489.10	439.1	13
HSC HOSPITALS	0	0		.00	.00	.000	.00	. (	0 C
NON-HSC HOSPITALS TOTAL	2	8		10,978.20	1372.28	.320	5489.10	439.1	13
ACCOMMODATIONS	2	8		3,051.40	381.43	.320	1525.70	122.0	06
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	. (	0.0
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	. (	0 C
ALL OTHER ACCOM	2	8		3,051.40	381.43	.320	1525.70	122.0	06
ANCILLARIES	2	0		7,926.80	.00	.000	3963.40	317.0	7
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	. (	0.0
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	. (	0 C
COMM HOSP OUTPATIENT TOTAL	8	32		893.15	27.91	1.280	111.64	35.7	73
MEDICAL	2	4		120.33	30.08	.160	60.17	4.8	31
SURGERY	1	1		47.35	47.35	.040	47.35	1.8	39
PATHOLOGY	6	15		224.64	14.98	.600	37.44	8.9	99
RADIOLOGY	2	2		115.60	57.80	.080	57.80	4.6	62
ROOM USE	3	5		246.86	49.37	.200	82.29	9.8	37
CROSSOVERS/ALL OTH OUTPTNT	1	5		138.37	27.67	.200	138.37	5.5	53
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .0	0 C
MENTALLY ILL	0	0		.00	.00	.000	.00	. (	0 C
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	. (	0 C
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .0	0.0
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	. (	0 C
LEV B-REHAB MD	0	0		.00	.00	.000	.00	. (	0 C
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	. (	0 C
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	. (	0.0
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	. (	0 C
LEV B-REGULAR	0	0		.00	.00	.000	.00	. (	0 C
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .0	0.0
ICF DDH	0	0		.00	.00	.000	.00	. (	0.0
ICF DD	0	0		.00	.00	.000	.00	. (	0.0

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	5	\$	70.74	\$	14.15	.200	\$	17.69	\$	2.83
PATHOLOGY	4	5		70.74		14.15	.200		17.69		2.83
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14	21	\$	3,472.14	\$	165.34	.840	\$	248.01	\$	138.89
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	21		3,472.14		165.34	.840		248.01		138.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 9,620
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA	- NO SOC							

----- MONTHLY AVERAGE -----25 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 2 2 160.00 80.00 .080 \$ 80.00 \$ 6.40 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING 160.00 80.00 .080 80.00 6.40 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00 0 .00 .000 \$

.00

\$

.00

.00 \$

@XOVER EXCLUDING STATE HOSP\*\*

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

PLUMAS COUNTY	SUMMARY OF SERV	/ICES FOR 50 MIA - SOC	- LTC	AID C			
					MON'		
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9	302 \$	19,068.46	\$ 63.14	33.556 \$	2118.72	\$ 2118.72
@PHYSICIANS SERVICES	2	2 \$	29.33	\$ 14.67	.222 \$	14.67	\$ 3.26
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0					
PREVENTIVE CARE	•		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PRINCIPAL SURGEON		•	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	29.33	14.67	.222	14.67	3.26
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION							
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	9	68 \$	6,848.48	\$ 100.71	7.556 \$	760.94	
PRESCRIPTION DRUGS	9	64	6 <b>,</b> 571.21	102.68	7.111	730.13	730.13
SNF/ICF	3	42	4,409.29	104.98	4.667	1469.76	489.92
OUTPATIENTS	6	22	2,161.92	98.27	2.444	360.32	240.21
MEDICAL SUPPLIES	2	4	277.27	69.32	. 444	138.64	30.81
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0					
PERIODONTICS	· · · · · · · · · · · · · · · · · · ·	-	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	n	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDIITO	CES AND EXPENDITURES MON					PAGE 9,622
MODO24	MEDI-CAL SERVIC		III OF FAIMENT RE	TONI TON OAN .	COOK TUVO DE(	2002	01/17/02

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	SU MIA -	- 800 -	LTC	AID CC		ONT.		C.E.	
00 ======						 	M			ŒĽ.	
09 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	RAGE COST					COST PER
		OR DAYS	OF CARE	_		UNIT/DAY	PER ELIG		USER	_	ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$ .00	.000	Ş	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0 0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0			\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5		52	\$	919.60	\$ 17.68	5.778	\$	183.92	\$	102.18
HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5		52		919.60	17.68	5.778		183.92		102.18
MEDICAL	0		0		.00	.00	.000		.00		.00
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	3		17		208.82	12.28	1.889		69.61		23.20
RADIOLOGY	0		0		.00	.00	.000		.00		.00
ROOM USE	0		0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4		35		710.78	20.31	3.889		177.70		78.98
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		Ō		.00	.00	.000		.00		.00
MEDICAL	0		0		.00	.00	.000		.00		.00
SURGERY	0		Ō		.00	.00	.000		.00		.00
PATHOLOGY	0		0		.00	.00	.000		.00		.00
RADIOLOGY	0		Ō		.00	.00	.000		.00		.00
ROOM USE	0		0		.00	.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

1101 02 1	IBB TOR OBRATION	
PLUMAS COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC	AID CODE

				MONTHLY AVERAGE				.GE		
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	52	\$ 919.60	\$	17.68	5.778	\$	183.92	\$	102.18
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5	52	919.60		17.68	5.778		183.92		102.18
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	3	17	208.82		12.28	1.889		69.61		23.20
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	35	710.78		20.31	3.889		177.70		78.98
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	3	90	\$ 10,368.90	\$	115.21	10.000	\$	3456.30	\$	1152.10
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	90		10,368.90		115.21	10.000		3456.30		1152.10
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	9	\$	197.66	\$	21.96	1.000	\$	65.89	\$	21.96
PATHOLOGY	3	9		197.66	)	21.96	1.000		65.89		21.96
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	5	\$	310.85	\$	62.17	.556	\$	310.85	\$	34.54
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	5		310.85	,	62.17	.556		310.85		34.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF	-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 9,624
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC - LTC			AID (	CODE				
							N	IONT	HLY AVERA	.GE	

					MON'	THLY AVERAGE	
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	76 \$	393.64	\$ 5.18	8.444 \$	196.82 \$	43.74
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	76	393.64	5.18	8.444	196.82	43.74
AMBULANCES/AIR TRANS	1	73	373.80	5.12	8.111	373.80	41.53
OTHER TRANS	1	3	19.84	6.61	.333	19.84	2.20
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

@XOVER EXCLUDING STATE HOSP\*\* 0 .00 \$ .00 .000 \$ .00 \$ .00

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SPACE MAINTAINERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,625 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

PLUMAS COUNTY	SUMMARI OF SER	VICES FOR SI MIA - SOC -	PREGNANT	AID CC			_
					MON	-	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4	9 \$	485.95	\$ 53.99	.000 \$	121.49	\$ .00
@PHYSICIANS SERVICES	4	9 \$	485.95	\$ 53.99	.000 \$	121.49	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	152.56	38.14	.000	76.28	.00
HOSPITAL VISITS	_ 2	4	152.56	38.14	.000	76.28	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	84.70	84.70	.000	84.70	.00
PRINCIPAL SURGEON	1	1	84.70	84.70	.000	84.70	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	· ·	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ι	1	87.64	87.64	.000	87.64	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3	161.05	53.68	.000	53.68	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
CDACE MAINEAINEDC	0	0	0.0	0.0	000	0.0	0.0

.00

.00 .000

.00

.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,626
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					01/17/03

AID CODE

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

PLUMAS COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$ .00 .000 \$ .00 \$ .00 @OPTOMETRIST 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 .00 .00 .000 \$ .00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 @PODIATRIST .00 .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 Ś .00 .000 \$ .00 Ś .00 NURSE ANESTHESIST 0 .00 \$ .00 .000 .00 Ś .00 0 Ś .00 .000 Ś NURSE MIDWIFE .00 Ś .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$ .00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 .00 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES :	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 9,627
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R 51 MIA - S	OC - PREGNANT	AID COI	DΕ		

MOP024	FEE-FOR-SERVIC										01/1//0.
PLUMAS COUNTY	SUMMARY OF SER	VICES FOR	51 MIA	- soc -	PREGNANT	AI	D COD				
									NTHLY AVER		
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE C	COST U	NITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/	'DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$ .0	0	.000	\$ .00	\$	.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.0	0	.000	.00		.00
HSC HOSPITALS	0		0		.00	.0	0	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.0	0	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.0	0	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.0	0	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.0	0	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	. 0	0	.000	.00		.00
ANCILLARIES	0		0		.00	.0		.000	.00		.00
INPATIENT CROSSOVERS	0		Ö		.00	.0		.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.0		.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.0		.000	.00		.00
MEDICAL	0		0		.00	.0		.000	.00		.00
	0		0		.00	.0		.000	.00		.00
SURGERY	0		0								
PATHOLOGY	0		0		.00	.0		.000	.00		.00
RADIOLOGY	U		•		.00	.0		.000	.00		.00
ROOM USE	U		0		.00	.0		.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	_	.00	.0		.000	.00	_	.00
@STATE HOSPITAL	0		0	\$	.00	\$ .0		.000		\$	.00
MENTALLY ILL	0		0		.00	.0		.000	.00		.00
DEVELOP. DISABLED	0		0		.00	.0		.000	.00		.00
@NURSING FACILITY	0		0	\$	.00	\$ .0			\$ .00	\$	.00
LEV A-INTERMEDIATE	0		0		.00	.0	0	.000	.00		.00
LEV B-REHAB MD	0		0		.00	.0	0	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.0	0	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.0	0	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.0	0	.000	.00		.00
LEV B-REGULAR	0		0		.00	.0	0	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$ .0	0	.000	\$ .00	\$	.00
ICF DDH	0		0		.00	.0	0	.000	.00		.00
ICF DD	0		0		.00	.0	0	.000	.00		.00
ICF DDN/DDCN	0		0		.00	.0	0.0	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$ .0		.000		\$	.00
HOSPITAL BASED	0		0	7	.00	.0		.000	.00	- 1	.00
HEMODIALYSIS CENTER	0		0		.00	.0		.000	.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$ .0			\$ .00	\$	.00
HOSPITAL BASED	0		0	٧	.00	.0		.000	.00	Y	.00
INDEPENDENT FACILITY	0		0		.00	.0		.000	.00		.00
	0		0	\$						Ś	.00
@LABORATORY FACILITY	0		0	۲	.00	•		.000	.00	ې	
PATHOLOGY	0		Ü		.00	.0					.00
XO AND OTHERS	0		0	ċ	.00	.0		.000	.00	<u>~</u>	.00
@ORGANIZED OUTPATIENT CLINIC	0		-	\$	.00	\$ .0			\$ .00	\$	.00
CLINIC	0		0		.00	.0	10	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	C 2002	PAGE 9,628
MOP024	FEE-FOR-SERVICE/DENTAI	J					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - SC	OC - PREGNANT	AID CODE			

			-		MON'	THLY AVERA	GE
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE		OR DAYS OF CARE  0	OR DAYS OF CARE         PER UNIT/DAY           0         0         \$         .00         \$         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00	USERS	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           0         0         \$         .00         \$         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00         .00           0         0         .0

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,629 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC ----- MONTHLY AVERAGE -----09 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 34.556 \$ 1504.19 \$ 2172.71 @TOTAL, ALL PROVIDERS 13 311 19,554.41 Ś 62.88 11 515.28 46.84 1.222 \$ 85.88 \$ @PHYSICIANS SERVICES .00 .000 .00 0 0 .00 .00 OUTPATIENT VISITS .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS .00 .00 .000 .00 .00 .00 .00 .00 EMERGENCY ROOM .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 152.56 38.14 .444 76.28 16.95 INPATIENT VISITS HOSPITAL VISITS 152.56 38.14 .444 76.28 16.95 CRITICAL CARE .00 .00 .000 . 00 . 00 .00 .00 . 00 SNF/ICF/TRANS IP CARE .000 . 00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 EXAMINATIONS .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 INPATIENT HOSPITAL SURGERY 84.70 84.70 .111 84.70 9.41 84.70 84.70 84.70 PRINCIPAL SURGEON .111 9.41 ASSISTANT SURGEON .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY 87.64 87.64 .111 87.64 9.74 RADIOLOGY 29.33 14.67 .222 14.67 3.26 PSYCHIATRY . 00 . 00 .000 . 00 . 00 0 .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION 3 161.05 53.68 .333 53.68 17.89 OTHER SERVICES/ALL X-OVERS 68 @PHARMACY 6,848.48 100.71 7.556 \$ 760.94 \$ 760.94 64 102.68 7.111 730.13 PRESCRIPTION DRUGS 6,571.21 730.13 SNF/ICF 42 4,409.29 104.98 4.667 1469.76 489.92 240.21 98.27 2.444 360.32 OUTPATIENTS 2,161.92 277.27 69.32 138.64 30.81 MEDICAL SUPPLIES .444 .00 \$ 0 .00 .00 .000 \$ @DENTIST .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 ORAL SURGERY .00 .00 .000 .00 .00 .000 DRUGS .00 .00 .00 .00 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 9,630
MOP024	FEE-FOR-SERVICE / DENTA	г.					01/17/03

FEE-FOR-SERVICE/DENTAL PLUMAS COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

I HOMAS COUNTI	DOMPART OF DER	VICES FOR 32 ALL	LILL	500			Mo	тис	HIY AVERA	GE.	
09 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST			COST PER		COST PER
0, 22101222	00210	OR DAYS OF CARE				R UNIT/DAY	PER ELIG	_	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	т.	.00	4	.00	.000	7	.00	4	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0	0	•	.00	'	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	•	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5	52	\$	919.60	\$	17.68	5.778	\$	183.92	\$	102.18
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	52		919.60		17.68	5.778		183.92		102.18
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	17		208.82		12.28	1.889		69.61		23.20
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	35		710.78		20.31	3.889		177.70		78.98
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00		\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 20	02 THRU DEC	2002	PAGE 9,631
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR 52 AT.T. MT	A - SOC				

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC PLUMAS COUNTY

				MON	THLY AVERAG	压
09 ELIGIBLES	IISERS	INITS OF SERVICE	EXPENDITURES	AVERAGE COST HNITS/DAYS	COST PER	COST PER

09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST		S	COST PER	COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	52	\$ 919.60	\$	17.68	5.778	\$	183.92	\$ 102.18
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	5	52	919.60		17.68	5.778		183.92	102.18
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	3	17	208.82		12.28	1.889		69.61	23.20
RADIOLOGY	0	0	.00		.00	.000		.00	.00
ROOM USE	0	0	.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	35	710.78		20.31	3.889		177.70	78.98
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MENTALLY ILL	0	0	.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	.00
@NURSING FACILITY	3	90	\$ 10,368.90	\$	115.21	10.000	\$	3456.30	\$ 1152.10
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
LEV B-REGULAR	3	90	10,368.90		115.21	10.000		3456.30	1152.10
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
ICF DDH	0	0	.00		.00	.000		.00	.00
ICF DD	0	0	.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0	.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0	.00		.00	.000		.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	3	9 \$	197.66	\$	21.96	1.000	\$ 65.89	\$	21.96
PATHOLOGY	3	9	197.66		21.96	1.000	65.89		21.96
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	5 \$	310.85	\$	62.17	.556	\$ 310.85	\$	34.54
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	5	310.85		62.17	.556	310.85		34.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAG	E 9,632
MOP024	FEE-FOR-SERVICE/DE	ENTAL							01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICE	ES FOR 52 ALL MIX	A - SOC						

----- MONTHLY AVERAGE -----09 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 76 Ś 393.64 5.18 8.444 \$ 196.82 \$ 43.74 .00 Ω .000 DURABLE MED. EQUIP. Ω .00 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK 0 .00 .00 .00 0 .000 .00 HEARING AID DISPENSERS 76 393.64 5.18 8.444 196.82 MEDICAL TRANSPORTATION 43.74 73 AMBULANCES/AIR TRANS 373.80 5.12 8.111 373.80 41.53 3 .333 19.84 OTHER TRANS 19.84 6.61 2.20 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 .00 .000 . 00 .00 .00 .000 . 00 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 0 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .000 PROSTHETICS .00 .00 .00 .00 .00 ORTHOTICS .00 .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 SPEECH AND AUDIOLOGY .00 .000 .00 .00 .00 .00 .000 .00 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ . 00 .000 \$ .00 \$ . 00 @XOVER EXCLUDING STATE HOSP\*\* .00 \$ .00 .000 \$ .00 \$ .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,633 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MOI	NTHLY AVERA	ΔGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	<u>C</u>		PER 1	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	.00	\$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		S MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU DEC	2002	PAGE 9,634 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

FLOMAS COUNTI	SOMMANT OF SEN	VICES FOR 55 FC	N FOION	E OSE				^ N T FF		C.E.	
00						~= ~~~=	M			GE.	
00 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.0000000000000000000000000000000000000	0	OR DAYS OF CA		0.0		NIT/DAY	PER ELIG		USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000		.00	_	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTH-C	OF-PAYMENT RE	PORT FOR	R JAN	2002 THRU D	EC 2002	PAGE 9,635
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE	Ε					

FLOMAS COUNTI	SUMMAN OF SEN	VICES FOR 35 FOR	LOIONE	OSE		MON'	THILY AVERA	GF:
00 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 11101110	ODEIRO	OR DAYS OF CARE		DINI DINDITOREO	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR:	ES MONTH-OF	-PAYMENT RI	EPORT	FOR JAN 2	002 THRU	DEC	2002	PAGE	9,636
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	1/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R 53 FOR	FUTURE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$ .00 \$ .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* 0 .00 \$ .00 .000 .00 .00 \$

----- MONTHLY AVERAGE -----

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR 54 MEDICALLY	INDIGENT ADULTS		14011	יי מינות אוודי	3 E
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON'	I'HLY AVERAG COST PER	COST PER
24 EDIGIDUES	OSEKS	OR DAYS OF CARE	EVERNOTIONES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	39	423 \$	37,515.48	\$ 88.69	12.441 \$		\$ 1103.40
@PHYSICIANS SERVICES	14	43 \$	2,648.45	\$ 61.59	1.265 \$		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	•		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	7	270.23	38.60	.206	90.08	7.95
HOSPITAL VISITS	3	7	270.23	38.60	.206	90.08	7.95
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	18	1,750.41	97.25	.529	350.08	51.48
PRINCIPAL SURGEON	4	5	1,292.06	258.41	.147	323.02	38.00
ASSISTANT SURGEON	2	2	326.38	163.19	.059	163.19	9.60
ANESTHESIOLOGIST	1	11	131.97	12.00	.324	131.97	3.88
OUTPATIENT SURGERY	1	6	122.03	20.34	.176	122.03	3.59
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	122.03	20.34	.176	122.03	3.59
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0	147.89				
PATHOLOGY	2	2		73.95	.059	73.95	4.35
RADIOLOGY	6	6	138.58	23.10	.176	23.10	4.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4	219.31	54.83	.118	54.83	6.45
@ PHARMACY	16	80 \$	7,102.15	\$ 88.78	2.353 \$		
PRESCRIPTION DRUGS	16	76	6,824.88	89.80	2.235	426.56	200.73
SNF/ICF	3	42	4,409.29	104.98	1.235	1469.76	129.69
OUTPATIENTS	13	34	2,415.59	71.05	1.000	185.81	71.05
MEDICAL SUPPLIES	2	4	277.27	69.32	.118	138.64	8.16
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	U	0					
FRACTURES, DISLOCATIONS	U	U	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	FORT FOR JAN 2	ZUUZ THRU DE	2002	PAGE 9,638

01/17/03

FEE-FOR-SERVICE/DENTAL

1201210 000111	001111111111111111111111111111111111111		_ 011	1 11101101111 1100110			Mo	INC	HLY AVERA	.GE	
34 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	15	92	\$	12,790.95	\$	139.03	2.706	\$	852.73	\$	376.20
HOSP INPATIENT TOTAL	2	8		10,978.20		1372.28	.235		5489.10		322.89
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	8		10,978.20		1372.28	.235		5489.10		322.89
ACCOMMODATIONS	2	8		3,051.40		381.43	.235		1525.70		89.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	8		3,051.40		381.43	.235		1525.70		89.75
ANCILLARIES	2	0		7,926.80		.00	.000		3963.40		233.14
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	13	84	1,812.75	21.58	2.471	139.44	53.32
MEDICAL	2	4	120.33	30.08	.118	60.17	3.54
SURGERY	1	1	47.35	47.35	.029	47.35	1.39
PATHOLOGY	9	32	433.46	13.55	.941	48.16	12.75
RADIOLOGY	2	2	115.60	57.80	.059	57.80	3.40
ROOM USE	3	5	246.86	49.37	.147	82.29	7.26
CROSSOVERS/ALL OTH OUTPTNT	5	40	849.15	21.23	1.176	169.83	24.98
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU 1	DEC 2002	PAGE 9,639
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	54 MEDICA	LLY INDIGENT ADULTS				

FLOMAS COUNTI	SUMMARI OF SER	VICES FOR 34 MED	ICALLI	I INDIGENI ADULIS		MC	אוחווד א אוחווא	CE
24			_				NTHLY AVERA	
34 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	92	\$	12,790.95	\$ 139.03	2.706		•
COMM HOSP INPATIENT TOTAL	2	8		10,978.20	1372.28	.235	5489.10	322.89
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8		10,978.20	1372.28	.235	5489.10	322.89
ACCOMMODATIONS	2	8		3,051.40	381.43	.235	1525.70	89.75
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8		3,051.40	381.43	.235	1525.70	89.75
ANCILLARIES	2	0		7,926.80	.00	.000	3963.40	233.14
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	84		1,812.75	21.58	2.471	139.44	53.32
MEDICAL	2	4		120.33	30.08	.118	60.17	3.54
SURGERY	1	1		47.35	47.35	.029	47.35	1.39
PATHOLOGY	9	32		433.46	13.55	.941	48.16	12.75
RADIOLOGY	2	2		115.60	57.80	.059	57.80	3.40
ROOM USE	3	5		246.86	49.37	.147	82.29	7.26
CROSSOVERS/ALL OTH OUTPTNT	5	40		849.15	21.23	1.176	169.83	24.98
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	90	\$	10,368.90	\$ 115.21	2.647	\$ 3456.30	\$ 304.97
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	90		10,368.90		115.21	2.647		3456.30		304.97
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	14	\$	268.40	\$	19.17	.412	\$	38.34	\$	7.89
PATHOLOGY	7	14		268.40		19.17	.412		38.34		7.89
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	26	\$	3 <b>,</b> 782.99	\$	145.50	.765	\$	252.20	\$	111.26
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	26		3 <b>,</b> 782.99		145.50	.765		252.20		111.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MOI	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 9,640
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	54 MEI	DICALLY	INDIGENT ADULTS							

----- MONTHLY AVERAGE -----34 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 4 78 553.64 7.10 2.294 \$ 138.41 \$ 16.28 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 BLOOD BANK 0 .00 .00 HEARING AID DISPENSERS .00 .000 .00 76 5.18 196.82 MEDICAL TRANSPORTATION 393.64 2.235 11.58 73 AMBULANCES/AIR TRANS 373.80 5.12 2.147 373.80 10.99 19.84 OTHER TRANS 19.84 6.61 .088 .58 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 GENETIC DISEASE TESTING 160.00 80.00 .059 80.00 4.71 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 . 00 .00 .00 .00 .000 .00 .00 PROSTHETICS .00 .00 ORTHOTICS .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .000 0 .00 .00 .00 .00 @CALIF. CHILDREN SERVICES\* .00 .000 \$ .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

PAGE 9,641

----- MONTHLY AVERAGE -----

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

						ITLI AVERA	
3,342 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,918	58,178 \$	5,741,544.84	\$ 98.69			\$ 1718.00
@PHYSICIANS SERVICES	333	952 \$	15,938.71	\$ 16.74	.285 \$		
OUTPATIENT VISITS	1	1	44.60	44.60	.000	44.60	.01
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
	1	1	44.60	44.60	.000	44.60	.01
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0					
OTHER OUTPATIENT	5	20	.00	.00	.000	.00	.00
INPATIENT VISITS	5		835.90	41.80	.006	167.18	.25
HOSPITAL VISITS	5	20	835.90	41.80	.006	167.18	.25
CRITICAL CARE	0	•	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	39.89	19.95	.001	39.89	.01
RADIOLOGY	4	7	169.16	24.17	.002	42.29	.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	328	922	14,849.16	16.11	.276	45.27	4.44
@PHARMACY	2,238	15 <b>,</b> 649 \$	585,157.34	\$ 37.39	4.683 \$	261.46	\$ 175.09
PRESCRIPTION DRUGS	2,217	9,424	576,077.75	61.13	2.820	259.85	172.38
SNF/ICF	765	4,234	233,364.24	55.12	1.267	305.05	69.83
OUTPATIENTS	1,473	5,190	342,713.51	66.03	1.553	232.66	102.55
MEDICAL SUPPLIES	91	6,225	9,079.59	1.46	1.863	99.78	2.72
@DENTIST	24	66 \$	2,654.00	\$ 40.21	.020 \$		\$ .79
VISITS - DIAGNOSTIC	19	34	724.00	21.29	.010	38.11	.22
ORAL SURGERY	3	14	593.00	42.36	.004	197.67	.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.03
PERIODONTICS	1	1	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	12	594.00	49.50	.004	99.00	.18
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	4	643.00	160.75	.001	160.75	.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
OTVOR BUTHIVINEND	U	O	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,642
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FO	OR 55 ALL AGE	ΞD				

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR 55 ALL	AGED				M	ONTITE		CE.	
2 242 ELICIDIES	USERS	INITES OF SERVICE		EXDENDIBLEC	71 7 7	EDACE COCE	M			GE	
3,342 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST R UNIT/DAY		S	USER		COST PER ELIGIBLE
CODMOMEMD I CM	1 2 4	OR DAYS OF CARE		7 550 50				ċ		<u>.</u>	-
@OPTOMETRIST	134	308	\$	7,550.58	\$	24.51	.092	Þ	56.35	Ş	2.26
DIAGNOSTIC AND ANC. PROCED	17	17		556.33		32.73	.005		32.73		.17
EYE APPLIANCES	90	232		6,022.89		25.96	.069		66.92		1.80
OTHER OPTOMETRIC SERVICES	39	59		971.36		16.46	.018		24.91		.29
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	25	28	\$	621.35	\$	22.19	.008	\$	24.85	\$	.19
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	25	28		621.35		22.19	.008		24.85		.19
@HOME HEALTH AGENCY	1	9	\$	673.74	\$	74.86	.003	\$	673.74	\$	.20
NURSE ANESTHESIST	2	36	\$	63.23	\$	1.76	.011	\$	31.62	\$	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	481	2,612	\$	113,253.07	\$	43.36	.782	\$	235.45	\$	33.89
HOSP INPATIENT TOTAL	62	301		86,229.43		286.48	.090		1390.80		25.80
HSC HOSPITALS	1	1		1,114.88		1114.88	.000		1114.88		.33
NON-HSC HOSPITAL TOTAL	6	26		43,814.19		1685.16	.008		7302.37		13.11
ACCOMMODATIONS	6	26		8,100.17		311.55	.008		1350.03		2.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	26		8,100.17		311.55	.008		1350.03		2.42
ANCILLARIES	6	0		35,714.02		.00	.000		5952.34		10.69
INPATIENT CROSSOVERS	55	274		41,300.36		150.73	.082		750.92		12.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	441	2,311		27,023.64		11.69	.692		61.28		8.09
MEDICAL	1	3		118.72		39.57	.001		118.72		.04
SURGERY	1	1		13.00		13.00	.000		13.00		.00
PATHOLOGY	3	1		66.42		16.61	.001		22.14		.02
RADIOLOGY	3	3		129.94		43.31	.001		43.31		.04
ROOM USE	2	2		63.61		31.81	.001		31.81		.02
CROSSOVERS/ALL OTH OUTPTNT	<del>-</del>	2,298		26,631.95		11.59	.688		60.94		7.97
	437	2,290 0	\$	•	\$	.00	.000	ċ	.00	<u>ر</u>	.00
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0	0	Ş	.00	Ą	.00	.000	Ş	.00	Þ	.00
	0	0									
HSC HOSPITALS	0	U		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	•	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ü		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	9,643
MOP024	FEE-FOR-SERVICE	E/DENTAL							1/17/03
PLUMAS COUNTY	SUMMARY OF SERV	JICES FOR 55 ALL 2	AGED						
						MON	THLY AVERA	GE	
3,342 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@COMMUNITY HOSPITAL TOTAL	481	2,612	\$	113,253.07	\$ 43.36	.782 \$	235.45	\$	33.89
COMM HOSP INPATIENT TOTAL	62	301		86,229.43	286.48	.090	1390.80		25.80
HSC HOSPITALS	1	1		1,114.88	1114.88	.000	1114.88		.33
NON-HSC HOSPITALS TOTAL	6	26		43,814.19	1685.16	.008	7302.37		13.11
ACCOMMODATIONS	6	26		8,100.17	311.55	.008	1350.03		2.42
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	26		8,100.17	311.55	.008	1350.03		2.42
ANCILLARIES	6	0		35,714.02	.00	.000	5952.34		10.69
INPATIENT CROSSOVERS	55	274		41,300.36	150.73	.082	750.92		12.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	441	2,311		27,023.64	11.69	.692	61.28		8.09
MEDICAL	1	3		118.72	39.57	.001	118.72		.04
SURGERY	1	1		13.00	13.00	.000	13.00		.00
PATHOLOGY	3	4		66.42	16.61	.001	22.14		.02
RADIOLOGY	3	3		129.94	43.31	.001	43.31		.04
ROOM USE	2	2		63.61	31.81	.001	31.81		.02
CROSSOVERS/ALL OTH OUTPTNT	437	2,298		26,631.95	11.59	.688	60.94		7.97
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,054	33,378	\$	4,901,309.35	\$	146.84	9.987	\$	4650.20	\$	1466.58
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,054	33,378		4,901,309.35		146.84	9.987		4650.20		1466.58
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	11	\$	103.07	\$	9.37	.003	\$	12.88	\$	.03
PATHOLOGY	1	1		10.11		10.11	.000		10.11		.00
XO AND OTHERS	7	10		92.96		9.30	.003		13.28		.03
@ORGANIZED OUTPATIENT CLINIC	856	1,391	\$	81,868.71	\$	58.86	.416	\$	95.64	\$	24.50
CLINIC	1	2		214.01		107.01	.001		214.01		.06
SURGICENTER	1	1		3.33		3.33	.000		3.33		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	854	1,388		81,651.37		58.83	.415		95.61		24.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT RE	EPOR	r for jan	2002 THRU	DEC	2002	P	AGE 9,644
MOP024	FEE-FOR-SERVICE/DENTAL	1									01/17/03

----- MONTHLY AVERAGE -----**USERS** EXPENDITURES 3,342 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 326 3,738 32,351.69 8.65 1.118 \$ 99.24 \$ 9.68 DURABLE MED. EQUIP. 11 63 5,285.07 83.89 .019 480.46 1.58 0 BLOOD BANK Ω .00 .00 .000 .00 .00 12 23 147.78 .007 283.24 HEARING AID DISPENSERS 3,398.92 1.02 52 2.76 MEDICAL TRANSPORTATION 1,871 9,216.33 4.93 .560 177.24 5 AMBULANCES/AIR TRANS 274 1,697.42 6.19 .082 339.48 .51 OTHER TRANS 18 579 1,312.20 2.27 .173 72.90 .39 OTHER SERVICES 33 1,018 6,206.71 6.10 .305 188.08 1.86 ACUPUNCTURE 97.32 16.22 .002 32.44 .03 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 17 657.97 38.70 .005 328.99 .20 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 .000 172 12.62 OPTICIAN 2,170.60 .051 27.13 .65 0 .000 PHYSICAL THERAPIST .00 .00 .00 .00 PORTABLE X-RAY 3 55.75 18.58 .001 55.75 .02 29.00 .02 PROSTHETIST/ORTHOTISTS 58.00 .001 58.00 PROSTHETICS 58.00 29.00 58.00 .02 .001 .00 .00 .00 .00 ORTHOTICS .000 31.08 .000 .01 PSYCHOLOGIST 31.08 31.08 SPEECH AND AUDIOLOGY 3.34 1.67 .001 3.34 .00 .000 HOSPICE SERVICES .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 55 ALL AGED

PLUMAS COUNTY

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	172	1,578	11,377.31	7.21	.472	66.15	3.40
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	953	5,265	\$ 178,973.28	\$ 33.99	1.575	\$ 187.80	\$ 53.55

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,645 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND ----- MONTHLY AVERAGE -----219 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 46,453 912.88 \$ @TOTAL, ALL PROVIDERS 160 146,061.27 Ś 3.14 212.114 \$ 666.95 34 86 2,758.74 .393 \$ 81.14 \$ @PHYSICIANS SERVICES 32.08 12.60 12 12 615.21 51.27 .055 51.27 2.81 OUTPATIENT VISITS 8 8 439.82 54.98 .037 54.98 2.01 OFFICE VISITS .000 HOME VISITS .00 .00 .00 .00 EMERGENCY ROOM 108.73 54.37 .009 54.37 .50 PREVENTIVE CARE .00 .00 .000 .00 .00 0 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 66.66 33.33 .009 33.33 OTHER OUTPATIENT .30 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 . 00 . 00 .00 .00 . 00 SNF/ICF/TRANS IP CARE .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 EXAMINATIONS .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY 821.12 91.24 273.71 3.75 .041 659.72 219.91 PRINCIPAL SURGEON 164.93 .018 3.01 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST 161.40 32.28 .023 161.40 .74 .00 DIALYSIS .00 .000 .00 .00 PATHOLOGY 71.37 23.79 .014 23.79 .33 RADIOLOGY 10 11 534.52 48.59 .050 53.45 2.44 PSYCHIATRY Ω . 00 . 00 .000 . 00 . 00 .00 .00 Ω .00 .000 .00 IMMUNIZATION AND INJECTION 51 716.52 .233 59.71 12 14.05 3.27 OTHER SERVICES/ALL X-OVERS @PHARMACY 116 569 45,610.52 80.16 2.598 \$ 393.19 208.27 116 535 80.58 371.66 196.86 PRESCRIPTION DRUGS 43,112.59 2.443 SNF/ICF 0 0 .00 .00 .000 .00 .00 116 535 OUTPATIENTS 43,112.59 80.58 2.443 371.66 196.86 34 2,497.93 73.47 .155 416.32 11.41 MEDICAL SUPPLIES 6 .00 \$ 0 .00 .00 .000 \$ .00 @DENTIST .00 VISITS - DIAGNOSTIC .00 .000 .00 .00 ORAL SURGERY 0 .00 .00 .000 .00 .00 .000 DRUGS .00 .00 .00 .00 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	U	U	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 20	002 THRU DEC	2002	PAGE 9,646
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

							M	ONT	HLY AVERA	GE.	
219 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	2		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	15	29	\$	4,409.71	\$	152.06	.132		293.98	\$	20.14
DIAGNOSTIC AND ANC. PROCED	8	8		398.46		49.81	.037		49.81		1.82
EYE APPLIANCES	10	17		3,940.43		231.79	.078		394.04		17.99
OTHER OPTOMETRIC SERVICES	3	4		70.82		17.71	.018		23.61		.32
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	38	182	\$	14,515.03	\$	79.75	.831	\$	381.97	\$	66.28
HOSP INPATIENT TOTAL	1	3		5,700.00		1900.00	.014		5700.00		26.03
HSC HOSPITALS	1	3		5,700.00		1900.00	.014		5700.00		26.03
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	38	179		8,815.03		49.25	.817		231.97		40.25
MEDICAL	10	20		968.06		48.40	.091		96.81		4.42
SURGERY	3	3		222.82		74.27	.014		74.27		1.02
PATHOLOGY	10	53		793.02		14.96	.242		79.30		3.62
RADIOLOGY	11	19		2,829.55		148.92	.087		257.23		12.92
ROOM USE	19	28		1,281.38		45.76	.128		67.44		5.85
CROSSOVERS/ALL OTH OUTPINT	18	56		2,720.20		48.58	.256		151.12		12.42
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,647
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FO	R 56 ALL BLI	ND				

1201110 0001111	001111111111111111111111111111111111111	1020 1011 00 1122 221	2.2		MON	THLY AVERA	GE
219 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	38	182 \$	14,515.03	\$ 79.75	.831 \$	381.97	\$ 66.28
COMM HOSP INPATIENT TOTAL	1	3	5,700.00	1900.00	.014	5700.00	26.03
HSC HOSPITALS	1	3	5,700.00	1900.00	.014	5700.00	26.03
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	38	179	8,815.03	49.25	.817	231.97	40.25
MEDICAL	10	20	968.06	48.40	.091	96.81	4.42
SURGERY	3	3	222.82	74.27	.014	74.27	1.02
PATHOLOGY	10	53	793.02	14.96	.242	79.30	3.62
RADIOLOGY	11	19	2,829.55	148.92	.087	257.23	12.92
ROOM USE	19	28	1,281.38	45.76	.128	67.44	5.85
CROSSOVERS/ALL OTH OUTPTNT	18	56	2,720.20	48.58	.256	151.12	12.42
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	15 \$	3,202.50	\$ 213.50	.068 \$	3202.50	\$ 14.62
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	15	3,202.50	213.50	.068	3202.50	14.62
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$		\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	18 \$	9,685.79	\$ 538.10	.082 \$		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	18	9,685.79	538.10	.082	645.72	44.23
@REHABILITATION FACILITY	2	5 \$	236.15	\$ 47.23	.023 \$		\$ 1.08
HOSPITAL BASED	2	5	236.15	47.23	.023	118.08	1.08

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	2	8	\$	107.01	\$	13.38	.037	\$ 53.51	\$	.49
PATHOLOGY	2	8		107.01		13.38	.037	53.51		.49
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	61	116	\$	8,733.52	\$	75.29	.530	\$ 143.17	\$	39.88
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	1	1		21.66		21.66	.005	21.66		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	60	115		8,711.86		75.76	.525	145.20		39.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC 2002	P	AGE 9,648
MOP024	FEE-FOR-SERVICE	J/DENTAL								01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 56 ALL	BLINI							
							M	ONTHLY AVERA	4GE	
219 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S COST PER	1	COST PER
		OR DAYS OF CAR	E		PER	. UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	49	45,425	\$	56,802.30	\$	1.25	207.420	\$ 1159.23	\$	259.37
DURABLE MED. EQUIP.	3	9		6,941.25		771.25	.041	2313.75		31.70
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	11	28 <b>,</b> 536		42,459.60		1.49	130.301	3859.96		193.88
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	11	28 <b>,</b> 536		42,459.60		1.49	130.301	3859.96		193.88
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	2	6		56.96		9.49	.027	28.48		.26

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PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

PORTABLE X-RAY

PROSTHETICS	1	2	500.00	250.00	.009	500.00	2.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	267	3,572.21	13.38	1.219	178.61	16.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	22	16,605	3,272.28	.20	75.822	148.74	14.94
@CALIF. CHILDREN SERVICES*	16	85	\$ 27,434.45	\$ 322.76	.388	\$ 1714.65	\$ 125.27
@XOVER EXCLUDING STATE HOSP**	26	104	\$ 10,675.31	\$ 102.65	.475	\$ 410.59	\$ 48.75

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,649 FEE-FOR-SERVICE/DENTAL

01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

FLOMAS COUNTI	SOMMANI OF SEN	VICES FOR STALL D.	IOAL	опер		MON	מתווד א אווחו	CE
7 017 BITGIDIDG	HORDO	INTEG OF GERIAGE			717ED 7 CE COCE			GE
7,817 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
OMOMAI AII DDOUIDEDC	C 100		÷	4 575 150 47				
@TOTAL, ALL PROVIDERS	6,409	•	\$	4,575,150.47		13.534 \$		
@PHYSICIANS SERVICES	1,263	- /	\$	.,	\$ 32.74	.490 \$		
OUTPATIENT VISITS	285	357		13,964.48	39.12	.046	49.00	1.79
OFFICE VISITS	208	249		9,128.19	36.66	.032	43.89	1.17
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	51	60		3,223.10	53.72	.008	63.20	.41
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	5		369.75	73.95	.001	92.44	.05
OTHER OUTPATIENT	42	43		1,243.44	28.92	.006	29.61	.16
INPATIENT VISITS	89	349		19,292.30	55.28	.045	216.77	
HOSPITAL VISITS	86	311		14,726.91	47.35	.040	171.24	1.88
CRITICAL CARE	9	36		4,500.09	125.00	.005	500.01	.58
SNF/ICF/TRANS IP CARE	2	2		65.30	32.65	.000	32.65	.01
OPHTHALMOLOGICAL SERVICES	9	9		406.15	45.13	.001	45.13	.05
EXAMINATIONS	9	9		406.15	45.13	.001	45.13	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	170		20,333.09	119.61	.022	635.41	2.60
PRINCIPAL SURGEON	22	40		16,563.39	414.08	.005	752.88	2.12
ASSISTANT SURGEON	4	4		1,048.01	262.00	.001	262.00	.13
ANESTHESIOLOGIST	10	126		2,721.69	21.60	.016	272.17	.35
OUTPATIENT SURGERY	64	164		16,369.62	99.81	.021	255.78	2.09
PRINCIPAL SURGEON	56	73		14,013.89	191.97	.009	250.25	1.79
ASSISTANT SURGEON	1	1		134.77	134.77	.000	134.77	.02
ANESTHESIOLOGIST	13	90		2,220.96	24.68	.012	170.84	.28
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	105	175		5,460.24	31.20	.022	52.00	.70
RADIOLOGY	445	726		19,861.98	27.36	.093	44.63	2.54
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	93		939.93	10.11	.012	62.66	.12
OTHER SERVICES/ALL X-OVERS	559	1,790		28,867.54	16.13	.229	51.64	3.69
@PHARMACY	5 <b>,</b> 393	35,536	\$		\$ 63.39	4.546 \$	417.68	\$ 288.16
PRESCRIPTION DRUGS	5,359	24,100		2,220,168.21	92.12	3.083	414.29	284.02
SNF/ICF	85	664		48,521.79	73.07	.085	570.84	6.21
OUTPATIENTS	5,279	23,436		2,171,646.42	92.66	2.998	411.37	277.81
	•	•						

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	293	11,436		32,402.56	2.83	1.463	110.59	4.15
@DENTIST	78	371	\$	15,146.84	\$ 40.83	.047	\$ 194.19	\$ 1.94
VISITS - DIAGNOSTIC	53	201		3,314.34	16.49	.026	62.53	.42
ORAL SURGERY	14	54		2,764.00	51.19	.007	197.43	.35
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	6	6		600.00	100.00	.001	100.00	.08
PERIODONTICS	2	2		400.00	200.00	.000	200.00	.05
ENDODONTICS	7	7		1,606.00	229.43	.001	229.43	.21
RESTORATIVE DENTISTRY	20	60		4,742.00	79.03	.008	237.10	.61
PROSTHETICS	3	3		60.00	20.00	.000	20.00	.01
DENTURES, STAYPLATES	3	10		333.00	33.30	.001	111.00	.04
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	11	25		1,327.50	53.10	.003	120.68	.17
ALL OTHER SERVICES	2	2		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DI	EC 2002	PAGE 9,650
MOP024	FEE-FOR-SERVICE/DEN'	TAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR 57 ALT	DISABI	LED				

PLUMAS COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

PLOMAS COUNTI	SUMMARI OF SER	VICES FOR 3/ ALL	DISAL	ргер			M		מכודוג אווו	CE	
7 017 FLICTRIES	HORDO	INITES OF SERVICE	,		71 77 77		M			.GĽ	
7,817 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		-	COST PER		COST PER
CODMOMPEDICE	360	OR DAYS OF CARE		25 601 00		R UNIT/DAY 25.12			USER	Ċ	ELIGIBLE
@OPTOMETRIST	134	1,019	\$	25,601.00	\$		.130	Þ	71.11	Þ	3.28
DIAGNOSTIC AND ANC. PROCED		136		5,981.73		43.98	.017		44.64		.77
EYE APPLIANCES	270	767		17,839.99		23.26	.098		66.07		2.28
OTHER OPTOMETRIC SERVICES	80	116	_	1,779.28	_	15.34	.015	_	22.24	_	.23
@CHIROPRACTOR	7	8	\$	133.34	\$	16.67	.001	Ş	19.05	Ş	.02
VISITS	6	6		100.32		16.72	.001		16.72		.01
OTHER SERVICES	1	2		33.02		16.51	.000		33.02		.00
@PODIATRIST	42	58	\$	1,798.95	\$	31.02	.007	\$	42.83	\$	.23
MEDICINE/INJECTIONS	33	37		880.60		23.80	.005		26.68		.11
SURGERY/ANES.	9	10		512.37		51.24	.001		56.93		.07
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	7	11		405.98		36.91	.001		58.00		.05
@HOME HEALTH AGENCY	23	207	\$	15 <b>,</b> 089.12	\$	72.89	.026	\$	656.05	\$	1.93
NURSE ANESTHESIST	2	30	\$	84.05	\$	2.80	.004	\$	42.03	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	144.20	\$	48.07	.000	\$	48.07	\$	.02
@TOTAL HOSPITAL	1,664	8,901	\$	1,008,375.22	\$	113.29	1.139	\$	605.99	\$	129.00
HOSP INPATIENT TOTAL	147	533		789,323.62		1480.91	.068		5369.55		100.98
HSC HOSPITALS	13	43		56,140.00		1305.58	.006		4318.46		7.18
NON-HSC HOSPITAL TOTAL	81	295		693,177.01		2349.75	.038		8557.74		88.68
ACCOMMODATIONS	81	295		243,765.62		826.32	.038		3009.45		31.18
ADMINISTRATIVE DAYS	1	2		500.58		250.29	.000		500.58		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	80	293		243,265.04		830.26	.037		3040.81		31.12
ANCILLARIES	81	0		449,411.39		.00	.000		5548.29		57.49
INPATIENT CROSSOVERS	54	195		40,006.61		205.16	.025		740.86		5.12
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,583	8,368		219,051.60		26.18	1.070		138.38		28.02
MEDICAL	520	866		41,895.40		48.38	.111		80.57		5.36
SURGERY	90	117		13,349.20		114.10	.015		148.32		1.71
PATHOLOGY	507	2,182		25,056.46		11.48	.279		49.42		3.21
RADIOLOGY	307	472		36,437.99		77.20	.060		118.69		4.66
ROOM USE	594	886		41,486.93		46.82	.113		69.84		5.31
				•							

CROSSOVERS/ALL OTH OUTPINT	949	3,845		60,825.62	15.82	.492	64.09		7.78
@COUNTY HOSPITAL TOTAL	4	8	\$	367.43 \$	45.93	.001	\$ 91.86	\$	.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	8		367.43	45.93	.001	91.86		.05
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	2	3		269.76	89.92	.000	134.88		.03
PATHOLOGY	1	3		32.05	10.68	.000	32.05		.00
RADIOLOGY	1	1		24.10	24.10	.000	24.10		.00
ROOM USE	1	1		33.32	33.32	.000	33.32		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		8.20	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT REPO	RT FOR JAN	2002 THRU I	DEC 2002	PAGE	9,651
MOP024	FEE-FOR-SERVICE/DENTAL							01	1/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	57 ALI	DISABLED						

----- MONTHLY AVERAGE -----

7,817 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COS		COST PER	-	COST PER
.,		OR DAYS OF CARE			PER UNIT/DA		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,662	8,893	\$	1,008,007.79	\$ 113.35	1.138	\$ 606.50		128.95
COMM HOSP INPATIENT TOTAL	147	533		789,323.62	1480.91	.068	5369.55		100.98
HSC HOSPITALS	13	43		56,140.00	1305.58	.006	4318.46		7.18
NON-HSC HOSPITALS TOTAL	81	295		693,177.01	2349.75	.038	8557.74		88.68
ACCOMMODATIONS	81	295		243,765.62	826.32	.038	3009.45		31.18
ADMINISTRATIVE DAYS	1	2		500.58	250.29	.000	500.58		.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	80	293		243,265.04	830.26	.037	3040.81		31.12
ANCILLARIES	81	0		449,411.39	.00	.000	5548.29		57.49
INPATIENT CROSSOVERS	54	195		40,006.61	205.16	.025	740.86		5.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,581	8 <b>,</b> 360		218,684.17	26.16	1.069	138.32		27.98
MEDICAL	520	866		41,895.40	48.38	.111	80.57		5.36
SURGERY	88	114		13,079.44	114.73	.015	148.63		1.67
PATHOLOGY	506	2 <b>,</b> 179		25,024.41	11.48	.279	49.46		3.20
RADIOLOGY	306	471		36,413.89	77.31	.060	119.00		4.66
ROOM USE	593	885		41,453.61	46.84	.113	69.90		5.30
CROSSOVERS/ALL OTH OUTPINT	949	3 <b>,</b> 845		60,817.42	15.82	.492	64.09		7.78
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	77	2,429	\$	354 <b>,</b> 700.57	\$ 146.03	.311	\$	\$	45.38
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	77	2,429		354 <b>,</b> 700.57	146.03	.311	4606.50		45.38
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	23	\$	13,674.41	\$	594.54	.003	\$	1051.88	\$	1.75
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	13	23		13,674.41		594.54	.003		1051.88		1.75
@REHABILITATION FACILITY	2	2	\$	183.20	\$	91.60	.000	\$	91.60	\$	.02
HOSPITAL BASED	2	2		183.20		91.60	.000		91.60		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	228	679	\$	10,124.86	\$	14.91	.087	\$	44.41	\$	1.30
PATHOLOGY	224	675		9,933.19		14.72	.086		44.34		1.27
XO AND OTHERS	4	4		191.67		47.92	.001		47.92		.02
@ORGANIZED OUTPATIENT CLINIC	2,814	5 <b>,</b> 256	\$	573,471.38	\$	109.11	.672	\$	203.79	\$	73.36
CLINIC	22	38		3,670.79		96.60	.005		166.85		.47
SURGICENTER	4	8		515.24		64.41	.001		128.81		.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,800	5,210		569,285.35		109.27	.666		203.32		72.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	r for Jan	2002 THRU	DEC	2002	P	AGE 9,652
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES	FOR 57 ALL	DISA	BLED							

7,817 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		S COST PER	COST PER
7,017 EDIGIDDES	ODENS	OR DAYS OF CARE	EXIENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	844	47,442 \$	178,557.23	\$ 3.76	6.069		
DURABLE MED. EQUIP.	81	5,315	51,549.13	9.70	.680	636.41	6.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	16	2,813.04	175.82	.002	281.30	
MEDICAL TRANSPORTATION	137	19,827	66,663.85	3.36	2.536	486.60	
AMBULANCES/AIR TRANS	100	1,113	23,729.44	21.32	.142	237.29	3.04
OTHER TRANS	15	18,333	29,177.21	1.59	2.345	1945.15	3.73
OTHER SERVICES	27	381	13,757.20	36.11	.049	509.53	1.76
ACUPUNCTURE	11	33	556.88	16.88	.049	50.63	
		0	.00	.00	.004	.00	.07
ADULT DAY HEALTH CARE CTR	0	0					.00
GENETIC DISEASE TESTING	۷ .	2	146.00	73.00	.000	73.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	U	U	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0.50	0	.00	.00	.000	.00	.00
OPTICIAN	252	597	7,207.55	12.07	.076	28.60	.92
PHYSICAL THERAPIST	35	221	3,383.67	15.31	.028	96.68	.43
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	21	2,035.53	96.93	.003	254.44	.26
PROSTHETICS	8	21	2,035.53	96.93	.003	254.44	.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5	313.42	62.68	.001	313.42	.04
SPEECH AND AUDIOLOGY	4	9	448.36	49.82	.001	112.09	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	110	880	12 <b>,</b> 569.91	14.28	.113	114.27	1.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	251	20,516	30,869.89	1.50	2.625	122.99	3.95
@CALIF. CHILDREN SERVICES*	71	5 <b>,</b> 276 \$	71,555.21	\$ 13.56	.675	\$ 1007.82	\$ 9.15
@XOVER EXCLUDING STATE HOSP**	1,096	7,941 \$	142,991.58	\$ 18.01	1.016	\$ 130.47	\$ 18.29

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

I HOIMID COONII	DOITH IN OI DEIN	VICED FOR SO MEE.	 . 110				
					MON		GE
18,242 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,113	45 <b>,</b> 228	\$ 3,498,530.95	\$ 77.35	2.479 \$	383.91	\$ 191.78
@PHYSICIANS SERVICES	1,365	3 <b>,</b> 881	\$ 178,415.47	\$ 45.97	.213 \$	130.71	\$ 9.78
OUTPATIENT VISITS	327	368	15,816.87	42.98	.020	48.37	.87
OFFICE VISITS	195	216	9,121.08	42.23	.012	46.77	.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	65	70	3,119.91	44.57	.004	48.00	.17
PREVENTIVE CARE	1	1	62.23	62.23	.000	62.23	.00
OB VISITS/COMPRE PERI	17	22	1,747.53	79.43	.001	102.80	.10
OTHER OUTPATIENT	56	59	1,766.12	29.93	.003	31.54	.10
INPATIENT VISITS	120	469	33,213.79	70.82	.026	276.78	1.82
HOSPITAL VISITS	112	317	14,690.83	46.34	.017	131.17	.81
CRITICAL CARE	16	152	18,522.96	121.86	.008	1157.69	1.02
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	176.12	44.03	.000	44.03	.01
EXAMINATIONS	4	4	176.12	44.03	.000	44.03	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	111	536	51,658.41	96.38	.029	465.39	2.83
PRINCIPAL SURGEON	81	93	43,033.52	462.73	.005	531.28	2.36
ASSISTANT SURGEON	15	15	2,233.36	148.89	.001	148.89	.12
ANESTHESIOLOGIST	31	428	6,391.53	14.93	.023	206.18	.35
OUTPATIENT SURGERY	63	172	13,661.34	79.43	.009	216.85	.75
PRINCIPAL SURGEON	51	7 4	11,686.63	157.93	.004	229.15	.64
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.01
ANESTHESIOLOGIST	13	97	1,867.49	19.25	.005	143.65	.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	203	340	11,494.04	33.81	.019	56.62	.63
RADIOLOGY	746	1,199	31,541.85	26.31	.066	42.28	1.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	9	504		7,530.83		14.94	.028		836.76		.41
OTHER SERVICES/ALL X-OVERS	152	289		13,322.22		46.10	.016		87.65		.73
@PHARMACY	4,730	12,289	\$	687,116.36	\$	55.91	.674	\$	145.27	\$	37.67
PRESCRIPTION DRUGS	4,704	11,380		621,701.03		54.63	.624		132.16		34.08
SNF/ICF	3	16		691.59		43.22	.001		230.53		.04
OUTPATIENTS	4,704	11,364		621,009.44		54.65	.623		132.02		34.04
MEDICAL SUPPLIES	50	909		65,415.33		71.96	.050		1308.31		3.59
@DENTIST	160	811	\$	38,990.31	\$	48.08	.044	\$	243.69	\$	2.14
VISITS - DIAGNOSTIC	115	378		6 <b>,</b> 526.95		17.27	.021		56.76		.36
ORAL SURGERY	40	164		14,378.00		87.67	.009		359.45		.79
DRUGS	18	30		418.36		13.95	.002		23.24		.02
ANESTHESIA	22	22		2,200.00		100.00	.001		100.00		.12
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.01
ENDODONTICS	14	37		3,892.00		105.19	.002		278.00		.21
RESTORATIVE DENTISTRY	43	149		8,264.00		55.46	.008		192.19		.45
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	2	2		95.00		47.50	.000		47.50		.01
SPACE MAINTAINERS	4	5		653.00		130.60	.000		163.25		.04
MAXILLOFACIAL SERVICES	2	2		98.00		49.00	.000		49.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	16	18		2,235.00		124.17	.001		139.69		.12
ALL OTHER SERVICES	2	2		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PA	•
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

PLUMAS COUNTY

							M	ONT	CHLY AVERA	GΕ	
18,242 ELIGIBLES	USERS	UNITS OF SERVICE	]	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	2		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	443	1,207	\$	29,340.89	\$	24.31	.066	\$	66.23	\$	1.61
DIAGNOSTIC AND ANC. PROCED	316	319		14,386.74		45.10	.017		45.53		.79
EYE APPLIANCES	316	847		14,149.04		16.70	.046		44.78		.78
OTHER OPTOMETRIC SERVICES	36	41		805.11		19.64	.002		22.36		.04
@CHIROPRACTOR	1	4	\$	66.88	\$	16.72	.000	\$	66.88	\$	.00
VISITS	1	4		66.88		16.72	.000		66.88		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	37	52	\$	2,985.26	\$	57.41	.003	\$	80.68	\$	.16
MEDICINE/INJECTIONS	32	37		1,142.30		30.87	.002		35.70		.06
SURGERY/ANES.	4	6		1,246.62		207.77	.000		311.66		.07
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	4	8		579.04		72.38	.000		144.76		.03
@HOME HEALTH AGENCY	10	45	\$	2,643.30	\$	58.74	.002	\$	264.33	\$	.14
NURSE ANESTHESIST	1	14	\$	188.01	\$	13.43	.001	\$	188.01	\$	.01
NURSE MIDWIFE	5	62	\$	2,189.88	\$	35.32	.003	\$	437.98	\$	.12
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2,337	10,430	\$	1,255,732.64	\$	120.40	.572	\$		\$	68.84
HOSP INPATIENT TOTAL	140	638		918,948.61		1440.36	.035		6563.92		50.38
HSC HOSPITALS	16	155		231,393.00		1492.86	.008		14462.06		12.68
NON-HSC HOSPITAL TOTAL	124	483		687 <b>,</b> 555.61		1423.51	.026		5544.80		37.69
ACCOMMODATIONS	124	483		258,382.82		534.95	.026		2083.73		14.16
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	124	483		258,382.82		534.95	.026		2083.73		14.16
ANCILLARIES	124	0		429,172.79		.00	.000		3461.07		23.53
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	1	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	2,268	9,792	336,784.03	34.39	.537	148.49	18.46
MEDICAL	1,467	2,005	85,744.69	42.77	.110	58.45	4.70
SURGERY	213	281	26,266.49	93.48	.015	123.32	1.44
PATHOLOGY	732	2,396	26,068.59	10.88	.131	35.61	1.43
RADIOLOGY	627	908	70,247.95	77.37	.050	112.04	3.85
ROOM USE	1,606	2,168	87,901.85	40.55	.119	54.73	4.82
CROSSOVERS/ALL OTH OUTPINT	922	2,034	40,554.46	19.94	.112	43.99	2.22
@COUNTY HOSPITAL TOTAL	0	0 5	\$ 75.98	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	75.98	.00	.000	.00	.00
MEDICAL	0	0	43.32	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	1.68	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	30.98	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	S MONTH-OF-PAYMENT I	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 9,655
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	58 ALL FA	AMILIES				

FLOMAS COUNTI	SUMMARI OF SER	VICES FOR 30 ALL	t WMT	TITES		MC	אוחווד א אוחווא	CE	
10 040 BLIGIBLES	HORDO	INTEG OF SERVICE			ATTERNACE COOR		NTHLY AVERA	-	200E DED
18,242 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
0.000,000,000,000,000,000,000,000,000,0	0 227	OR DAYS OF CARE		1 055 656 66	PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,337	10,430	\$	1,255,656.66	\$ 120.39	.572	•	\$	68.83
COMM HOSP INPATIENT TOTAL	140	638		918,948.61	1440.36	.035	6563.92		50.38
HSC HOSPITALS	16	155		231,393.00	1492.86	.008	14462.06		12.68
NON-HSC HOSPITALS TOTAL	124	483		687,555.61	1423.51	.026	5544.80		37.69
ACCOMMODATIONS	124	483		258 <b>,</b> 382.82	534.95	.026	2083.73		14.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	124	483		258 <b>,</b> 382.82	534.95	.026	2083.73		14.16
ANCILLARIES	124	0		429,172.79	.00	.000	3461.07		23.53
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	1	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,268	9,792		336,708.05	34.39	.537	148.46		18.46
MEDICAL	1,467	2,005		85,701.37	42.74	.110	58.42		4.70
SURGERY	213	281		26,266.49	93.48	.015	123.32		1.44
PATHOLOGY	732	2,396		26,066.91	10.88	.131	35.61		1.43
RADIOLOGY	627	908		70,247.95	77.37	.050	112.04		3.85
ROOM USE	1,606	2,168		87,870.87	40.53	.119	54.71		4.82
CROSSOVERS/ALL OTH OUTPTNT	922	2,034		40,554.46	19.94	.112	43.99		2.22
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000		\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	240.91	\$	240.91	.000	\$	240.91	\$	.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		240.91		240.91	.000		240.91		.01
@REHABILITATION FACILITY	3	15	\$	258.45	\$	17.23	.001	\$	86.15	\$	.01
HOSPITAL BASED	2	12		209.21		17.43	.001		104.61		.01
INDEPENDENT FACILITY	1	3		49.24		16.41	.000		49.24		.00
@LABORATORY FACILITY	467	958	\$	17,825.88	\$	18.61	.053	\$	38.17	\$	.98
PATHOLOGY	467	958		17,825.88		18.61	.053		38.17		.98
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4 <b>,</b> 721	7 <b>,</b> 759	\$	1,173,015.38	\$	151.18	.425	\$	248.47	\$	64.30
CLINIC	48	162		5,931.09		36.61	.009		123.56		.33
SURGICENTER	4	15		389.07		25.94	.001		97.27		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,684	7 <b>,</b> 582		1,166,695.22		153.88	.416		249.08		63.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU	DEC	2002	PΖ	AGE 9,656
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R 58 ALI	FAM	IILIES							

----- MONTHLY AVERAGE -----

18,242 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1,001 7,700 \$ 109,521.33 \$ 14.22 .422 \$ 109.41 \$ 6.00 11 176.12 832.59 9,158.47 176.12 .00 .00 26.67 15.97 .00 1678.85 17.76 .00 85.54 .00 .00 10.01 15.84 .00 138.50 332.00 .003 .50 DURABLE MED. EQUIP. 0 0 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .000 .00 HEARING AID DISPENSERS .00 2,019 MEDICAL TRANSPORTATION 81 53,854.27 .111 664.87 2.95 .110 AMBULANCES/AIR TRANS 2,006 32,029.27 405.43 1.76 0 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES 13 13 21,825.00 .001 1678.85 1.20 14 248.70 .001 62.18 ACUPUNCTURE .01 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 4,876.00 GENETIC DISEASE TESTING 57 .003 88.65 .27 0 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .000 .00 .00 OPTICIAN 271 579 5,796.65 .032 21.39 .32 PHYSICAL THERAPIST 39 3,563.75 .012 91.38 .20 0 .00 .000 .00 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS 553.99 .000 138.50 .03 332.00 332.00 .000 332.00 PROSTHETICS 221.99 74.00 ORTHOTICS .000 74.00 .01 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 0 HOSPICE SERVICES .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 521 2,218 26,144.32 11.79 LOCAL EDUCATION AGENCIES .122 50.18 1.43 0 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 2,532 .29 ALL OTHER PROVIDERS 5,325.18 2.10 .139 183.63 @CALIF. CHILDREN SERVICES\* 1,368 100,154.80 \$ 73.21 .075 \$ 2861.57 \$ 5.49 @XOVER EXCLUDING STATE HOSP\*\* 15 40 \$ 705.28 \$ 17.63 .002 \$ 47.02 \$ .04

PAGE 9,657

----- MONTHLY AVERAGE -----

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

						THLY AVERA	
791 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	451	2,122 \$	159,983.10	\$ 75.39	2.683 \$	354.73	\$ 202.25
@PHYSICIANS SERVICES	76	173 \$	8,140.11	\$ 47.05	.219 \$		
OUTPATIENT VISITS	13	17	732.10	43.06	.021	56.32	.93
	10	13	626.55	48.20		62.66	.79
OFFICE VISITS					.016		
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	105.55	26.39	.005	35.18	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	8	350.33	43.79	.010	87.58	.44
HOSPITAL VISITS	4	8	350.33	43.79	.010	87.58	.44
CRITICAL CARE	Û	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	2	2					
OPHTHALMOLOGICAL SERVICES			115.58	57.79	.003	57.79	.15
EXAMINATIONS	2	2	115.58	57.79	.003	57.79	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	20	3 <b>,</b> 164.76	158.24	.025	452.11	4.00
PRINCIPAL SURGEON	6	7	2,706.41	386.63	.009	451.07	3.42
ASSISTANT SURGEON	2	2	326.38	163.19	.003	163.19	.41
ANESTHESIOLOGIST	1	11	131.97	12.00	.014	131.97	.17
OUTPATIENT SURGERY	6	41	1,237.29	30.18	.052	206.22	1.56
PRINCIPAL SURGEON	4	5	575.02	115.00	.006	143.76	.73
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	36	662.27	18.40	.046	165.57	.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	7	276.90	39.56	.009	46.15	.35
RADIOLOGY	45	65	1,723.57	26.52	.082	38.30	2.18
	0						
PSYCHIATRY		0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	225.00	37.50	.008	75.00	.28
OTHER SERVICES/ALL X-OVERS	7	7	314.58	44.94	.009	44.94	.40
@PHARMACY	195	425 \$	21,949.01	\$ 51.64	.537 \$		
PRESCRIPTION DRUGS	195	421	21 <b>,</b> 671.74	51.48	.532	111.14	27.40
SNF/ICF	3	42	4,409.29	104.98	.053	1469.76	5.57
OUTPATIENTS	192	379	17,262.45	45.55	.479	89.91	21.82
MEDICAL SUPPLIES	2	4	277.27	69.32	.005	138.64	.35
@DENTIST	21	136 \$	5,697.00	\$ 41.89	.172 \$		\$ 7.20
VISITS - DIAGNOSTIC	18	68	938.00	13.79	.086	52.11	1.19
ORAL SURGERY	4	12	1,239.00	103.25	.015	309.75	1.57
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.13
	1	1	200.00	200.00	.001		.25
PERIODONTICS	3					200.00	
ENDODONTICS	3	15	1,065.00	71.00	.019	355.00	1.35
RESTORATIVE DENTISTRY	/	34	1,933.00	56.85	.043	276.14	2.44
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	3	222.00	74.00	.004	74.00	.28

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,658
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES F	OR 59 ALL MED	CALLY INDIGENT				

I HOPAS COUNTI	DOM:MICE OF DEIX	VICES FOR 39 ALL	HEDI	CALLI INDIGENI			M	רואר	THLY AVERA	GE	
791 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST R UNIT/DAY	UNITS/DAY	S	COST PER USER	.01	COST PER ELIGIBLE
@OPTOMETRIST	22	51	\$	1,861.20	\$	36.49	.064			Ś	2.35
DIAGNOSTIC AND ANC. PROCED	17	17	т.	767.14	т	45.13	.021	7	45.13	-	.97
EYE APPLIANCES	11	32		1,058.65		33.08	.040		96.24		1.34
OTHER OPTOMETRIC SERVICES	2	2		35.41		17.71	.003		17.71		.04
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	5	\$	210.13	\$	42.03		\$	210.13	\$	.27
NURSE ANESTHESIST	1	5	\$	103.81	\$	20.76	.006	\$	103.81	\$	.13
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
@TOTAL HOSPITAL	107	403	\$	36,957.17	\$	91.71	.509	\$	345.39	\$	46.72
HOSP INPATIENT TOTAL	6	13		22,490.98		1730.08	.016		3748.50		28.43
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	6	13		22,490.98		1730.08	.016		3748.50		28.43
ACCOMMODATIONS	6	13		5,019.40		386.11	.016		836.57		6.35

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	13		5,019.40	386.11	.016	836.57		6.35
ANCILLARIES	6	0		17,471.58	.00	.000	2911.93		22.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	102	390		14,466.19	37.09	.493	141.83		18.29
MEDICAL	54	67		3,200.86	47.77	.085	59.28		4.05
SURGERY	11	13		1,539.46	118.42	.016	139.95		1.95
PATHOLOGY	31	86		1,075.41	12.50	.109	34.69		1.36
RADIOLOGY	26	48		3,753.89	78.21	.061	144.38		4.75
ROOM USE	60	75		3,309.34	44.12	.095	55.16		4.18
CROSSOVERS/ALL OTH OUTPINT	42	101		1,587.23	15.72	.128	37.79		2.01
@COUNTY HOSPITAL TOTAL	0	0	\$	33.26	\$ .00	.000	\$ .00	\$	.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		33.26	.00	.000	.00		.04
MEDICAL	0	0		17.91	.00	.000	.00		.02
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		1.70	.00	.000	.00		.00
RADIOLOGY	0	0		5.68	.00	.000	.00		.01
ROOM USE	0	0		7.97	.00	.000	.00		.01
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAG	GE 9,659
MOP024	FEE-FOR-SERVICE/D	ENTAL							01/17/03
PLUMAS COUNTY	SUMMARY OF SERVIC	ES FOR 59 ALL N	MED:	ICALLY INDIGENT					
						MO	NTHLY AVERA	.GE	
791 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE

						MC	MIHLI AVEKA	GE.	
791 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	107	403	\$	36 <b>,</b> 923.91	\$ 91.62	.509	\$ 345.08	\$	46.68
COMM HOSP INPATIENT TOTAL	6	13		22,490.98	1730.08	.016	3748.50		28.43
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	6	13		22,490.98	1730.08	.016	3748.50		28.43
ACCOMMODATIONS	6	13		5,019.40	386.11	.016	836.57		6.35
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	13		5,019.40	386.11	.016	836.57		6.35
ANCILLARIES	6	0		17,471.58	.00	.000	2911.93		22.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	102	390		14,432.93	37.01	.493	141.50		18.25
MEDICAL	54	67		3,182.95	47.51	.085	58.94		4.02
SURGERY	11	13		1,539.46	118.42	.016	139.95		1.95
PATHOLOGY	31	86		1,073.71	12.49	.109	34.64		1.36
RADIOLOGY	26	48		3,748.21	78.09	.061	144.16		4.74
ROOM USE	60	75		3,301.37	44.02	.095	55.02		4.17
CROSSOVERS/ALL OTH OUTPINT	42	101		1,587.23	15.72	.128	37.79		2.01
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	90	\$	10,368.90	\$	115.21	.114	\$	3456.30	\$	13.11
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	90		10,368.90		115.21	.114		3456.30		13.11
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	29	58	\$	1,201.67	\$	20.72	.073	\$	41.44	\$	1.52
PATHOLOGY	29	58		1,201.67		20.72	.073		41.44		1.52
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	257	444	\$	65 <b>,</b> 270.14	\$	147.00	.561	\$	253.97	\$	82.52
CLINIC	2	6		65.65		10.94	.008		32.83		.08
SURGICENTER	1	8		274.34		34.29	.010		274.34		.35
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	255	430		64,930.15		151.00	.544		254.63		82.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONT	H-OF-PAYMENT RE	POR'	r for Jan	2002 THRU	DEC	2002	PF	AGE 9,660
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	59 ALL	MEDICAL:	LY INDIGENT							

I HOMAS COUNTI	DOMMANT OF DEIX	.VICED FOR JJ REEL	AUDI INDIGUNI				
					MON	ITHLY AVERAG	GE
791 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	38	332	\$ 8,223.96	\$ 24.77	.420 \$	216.42	\$ 10.40
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	195	6,179.47	31.69	.247	1029.91	7.81
AMBULANCES/AIR TRANS	4	190	3,009.63	15.84	.240	752.41	3.80
OTHER TRANS	1	3	19.84	6.61	.004	19.84	.03
OTHER SERVICES	2	2	3,150.00	1575.00	.003	1575.00	3.98
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	320.00	80.00	.005	80.00	.40
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	18	161.30	8.96	.023	17.92	.20
PHYSICAL THERAPIST	5	38	580.61	15.28	.048	116.12	.73
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	14	77	982.58	12.76	.097	70.18	1.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,661 01/17/03

MOPU24	FEE-FOR-SERVICE	S/DENTAL										01/1//03
PLUMAS COUNTY	SUMMARY OF SERV	/ICES FOR	60 RENA	L DIALY	SIS		AID COL	ES				
								MC	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER.	AGE COST	UNITS/DAYS	3 (	COST PER	C	OST PER
		OR DAYS	OF CARE			PER 1	UNIT/DAY	PER ELIG		USER	E1	LIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MONTH-OF	-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAG	,
MOP024	FEE-FOR-SERVICE								01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 60 RENA	L DIALYSIS		AID COI	DES			
						MON			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	ENDITURES	AVERAGE COST		COST PER		DST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		LIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000 \$		\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000 \$		\$	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000 \$		\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
331077737770	0	0		0.0	0.0	0.00	0.0		0.0

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ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MONTH-OF	-PAYMENT RE	PORT FOR JAN 2	002 THRU DE	C 2002	PAGE	9,663
MOP024	FEE-FOR-SERVICE/	DENTAL						01	/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR 60 RENA	L DIALYSIS		AID COD	ES			
						MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXE	ENDITURES		UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE							
		OK DAIS OF CAKE			PER UNIT/DAY	PER ELIG	USER	ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DAIS OF CARE	\$	.00	PER UNIT/DAY \$.00	PER ELIG .000 \$		ELIG \$	.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0	OR DATS OF CARE  0  0	\$	.00				_	
• • • • • • • • • • • • • • • • • • • •	0 0 0	0 0 0	\$		\$ .00	.000 \$	.00	_	.00
COMM HOSP INPATIENT TOTAL	0 0 0 0	0 0 0 0 0	\$	.00	\$ .00 .00	.000 \$	.00 .00 .00	_	.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0 0 0 0	0 0 0 0 0 0	\$	.00	\$ .00 .00 .00	.000 \$ .000 .000	.00	_	.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0 0 0 0 0	0 0 0 0 0 0 0	\$	.00 .00 .00 .00	\$ .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000	.00 .00 .00 .00	_	.00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$	.00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	_	.00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$	.00 .00 .00 .00	\$ .00 .00 .00 .00 .00	.000 \$ .000 .000 .000 .000	.00 .00 .00 .00	_	.00 .00 .00 .00

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INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY	0		0		.0	00		.00	.000		.00		.00
PATHOLOGY	0		0		.0	00		.00	.000		.00		.00
RADIOLOGY	0		0		.0	00		.00	.000		.00		.00
ROOM USE	0		0		. C	00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0			00		.00	.000		.00		.00
@STATE HOSPITAL	0		Ö	\$			\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0	'		00	'	.00	.000		.00		.00
DEVELOP. DISABLED	0		Ö			00		.00	.000		.00		.00
@NURSING FACILITY	Û		Ö	\$			\$	.00	.000	\$	.00	Ś	.00
LEV A-INTERMEDIATE	0		0	Ψ		00	Υ	.00	.000	Υ	.00	۲	.00
LEV B-REHAB MD	Û		Ö			00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			00		.00	.000		.00		.00
LEV B-REGULAR	0		0			00		.00	.000		.00		.00
	0		0	\$			ċ			ċ		ċ	
@INTERMEDIATE CARE FACILDD	0			Ş			\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0			00		.00	.000		.00		.00
ICF DD	0					00		.00	.000		.00		.00
ICF DDN/DDCN	0		0	<u> </u>		00	<b>^</b>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	U		0	\$			\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0			00		.00	.000		.00		.00
HEMODIALYSIS CENTER	Ü		0	_		00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0		0	\$			\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0			00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0			00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$			\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0		0		.0	00		.00	.000		.00		.00
XO AND OTHERS	0		0		.0	00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.0	00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0		0		.0	00		.00	.000		.00		.00
SURGICENTER	0		0		.0	00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.0	00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.0	00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXE	PENDITURE	ES N	MONTH-OF-PAYMENT	T REP	ORT FO	R JAN 2	2002 THRU	DEC	2002	PA	GE 9,664
MOP024	FEE-FOR-SERVICE	E/DENTAL											01/17/03
PLUMAS COUNTY	SUMMARY OF SER	VICES FOR	60 RENAI	L DI	IALYSIS			AID COI	DES				
									M	TINC	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURE	ES	<b>AVERAG</b>	E COST	UNITS/DAY	S C	COST PER	C	COST PER
		OR DAYS	OF CARE				PER UN	IT/DAY	PER ELIG		USER	E	CLIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.0	00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0		0		.0	00		.00	.000		.00		.00
BLOOD BANK	0		0		.0	00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.0	00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.0	00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.0	00		.00	.000		.00		.00
OTHER TRANS	0		0		.0	00		.00	.000		.00		.00
OTHER SERVICES	0		0			00		.00	.000		.00		.00
ACUPUNCTURE	0		0			00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		Ō			00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0			00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0			00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0			00		.00	.000		.00		.00
OPTICIAN	0		0			00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0			00		.00	.000		.00		.00
PORTABLE X-RAY	0		0			00		.00	.000		.00		.00
	0		0			00		.00	.000		.00		
PROSTHETIST/ORTHOTISTS	U		U			UU		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024

FEE-FOR-SERVICE/DENTAL

PAGE 9,665

01/17/03

PLUMAS COUNTY

PLUMAS COUNTY	SUMMARY OF SERV	JICES FOR 61 TOTAL	PARE	NTERAL NUTRITION	AID CC	DES		
						MON	ITHLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 5	Ş	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 5	\$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@ PHARMACY	0	0 5	\$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00 \$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF-PAYMENT REPO	RT FOR JAN 200	02 THRU DEC	2002	PAGE 9,666
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CODES	S		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 Ś .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 \$ .00 Ś .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 0 .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 \$ .00 .000 .00 \$ .00 NURSE ANESTHESIST 0 .000 .00 \$ .00 \$ .00 \$ .00 .00 .00 .000 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$ .00 .000 .00 \$ .00 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 .000 RADIOLOGY 0 .00 .00 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,667
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R 61 TOTAL	PARENTERAL NUTRITION	AID CO	DES		
					MONTH	ILY AVERAGE	E
					,		

00							COCH DED	-
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.000,000,000,000,000	Ō	OR DAYS OF CARE		0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	т	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
101 22	9	O		• 0 0	• 0 0	• 0 0 0	• 0 0	• 0 0

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	MD EADEMDILIB	ES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAGE	9,668
#CALIF DEFI OF HEALTH SERV	HEDI CAL SERVICES F	TIAD DIVIDITION	.HO 110	INTIL OF THITHHAT IVE		_ 01. 011.			2002		
MOP024	FEE-FOR-SERVICE/DEN		.00 110	IVIII OI IMITERIVI IX	0111	2011 01111			2002		1/17/03
		ITAL		ENTERAL NUTRITION		AID CO		220	2002		
MOP024	FEE-FOR-SERVICE/DEN	ITAL					DES		HLY AVERA	0.2	
MOP024	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR		I AVE	AID CO	DES	ONT	HLY AVERA	01 GE COS1	1/17/03  I PER
MOP024 PLUMAS COUNTY  00 ELIGIBLES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA	L PAR	ENTERAL NUTRITION	I AVE	AID CO RAGE COST UNIT/DAY	DES M UNITS/DAY PER ELIG	IONT S	HLY AVERA COST PER USER	01 GE COST ELIC	1/17/03  F PER GIBLE
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION EXPENDITURES .00	I AVE	AID CO RAGE COST UNIT/DAY .00	DES M UNITS/DAY PER ELIG	IONT S	HLY AVERAGE OST PER USER .00	01 GE COS1	1/17/03  F PER GIBLE .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION  EXPENDITURES  .00 .00	I AVE	AID CO RAGE COST UNIT/DAY .00 .00	DES M UNITS/DAY PER ELIG .000	IONT S	HLY AVERAGE OST PER USER .00 .00	01 GE COST ELIC	1/17/03  I PER GIBLE .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION  EXPENDITURES  .00 .00 .00	I AVE	AID CO RAGE COST UNIT/DAY .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000	IONT S	HLY AVERA COST PER USER .00 .00	01 GE COST ELIC	1/17/03  I PER GIBLE .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION  EXPENDITURES  .00 .00 .00 .00 .00	I AVE	AID CO RAGE COST UNIT/DAY .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000	IONT S	HLY AVERA COST PER USER .00 .00 .00	01 GE COST ELIC	1/17/03  F PER GIBLE .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION  EXPENDITURES  .00 .00 .00 .00 .00 .00	I AVE	AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S	HLY AVERAL COST PER USER .00 .00 .00	01 GE COST ELIC	1/17/03  I PER GIBLE .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	I AVE	AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONT S	HLY AVERAGE USER  .00 .00 .00 .00 .00 .00	01 GE COST ELIC	1/17/03 I PER GIBLE .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	I AVE	AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONT S	HLY AVERAGE USER  .00 .00 .00 .00 .00 .00 .00 .00	01 GE COST ELIC	1/17/03 I PER GIBLE .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	I AVE	AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT S	HLY AVERAGE USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01 GE COST ELIC	1/17/03 I PER GIBLE .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	I AVE	AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	HLY AVERAGE USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01 GE COST ELIC	1/17/03 I PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00
MOP024 PLUMAS COUNTY  00 ELIGIBLES  CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	NTAL S FOR 61 TOTA TTS OF SERVICE	L PAR	ENTERAL NUTRITION  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	I AVE	AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT S	HLY AVERAGE USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01 GE COST ELIC	1/17/03 I PER GIBLE .00 .00 .00 .00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,669 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AID CODES 51 52 56

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$ .00 .000 \$ .00 \$ .00 @PHYSICIANS SERVICES 0 0 \$ .00 .00 .000 \$ .00 \$ .00 \$ .00 .00 .000 .00 OUTPATIENT VISITS .00 0 .00 .00 OFFICE VISITS .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2002 THRU DEC	2002	PAGE 9,670
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56 ----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 .00 .000 .00 VISITS .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$ .00 \$ .00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$ .00 .000 .00 \$ .00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 \$ .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL .00 .00 .000 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 9,671
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	62 IRCA AI	LIENS AI	D CODES 51 52	2 56		
					MON	THLY AVERAC	GE

					MON'I	HLY AVERAGE	:
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00		\$		\$	.00
CLINIC	0	0		.00	.00			.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONTH-	OF-PAYMENT REF	PORT FOR JA	AN 2002 THRU	DEC	2002	PAGE	9,672
MOP024	FEE-FOR-SERVICE/DENTAL								01	/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	62 IRC	A ALIENS	AII	CODES 51	52 56				

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS Ω 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 HEARING AID DISPENSERS .00 .000 .00 MEDICAL TRANSPORTATION 0 .00 .00 .000 .00 .00 .000 AMBULANCES/AIR TRANS .00 .00 .00 .00 .00 .000 .00 OTHER TRANS .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .000 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .000 SPEECH AND AUDIOLOGY .00 .00 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,673 MOP024

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F 01/17/03

PLUMAS COUNTY

					MON	THLY AVERA	GE
86 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12	48 \$	12,309.19	\$ 256.44	.558 \$	1025.77	\$ 143.13
@PHYSICIANS SERVICES	4	13 \$	719.86	\$ 55.37	.151 \$	179.97	\$ 8.37
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	5	258.60	51.72	.058	258.60	3.01
HOSPITAL VISITS	1	5	258.60	51.72	.058	258.60	3.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	4	7		423.66	60.52	.081	105.92		4.93
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		37.60	37.60	.012	37.60		.44
@PHARMACY	3	12	\$	223.03	\$ 18.59	.140	\$ 74.34	\$	2.59
PRESCRIPTION DRUGS	3	12		223.03	18.59	.140	74.34		2.59
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	3	12		223.03	18.59	.140	74.34		2.59
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 5	\$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-0	OF-PAYMENT REP	ORT FOR JAN	2002 THRU	DEC 2002	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

PLUMAS COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

I DOING COOMII	COLUMN CI OF	VIOLD IOIC O	0 111/11	 WIIIIOOI DID II	± D O	000 00 0	) <u>-</u>				
							M	ГИС	HLY AVERA	GΕ	
86 ELIGIBLES	USERS	UNITS OF S	ERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS O	F CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	0		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4		12	\$ 10,635.75	\$	886.31	.140	\$	2658.94	\$	123.67
HOSP INPATIENT TOTAL	2		7	10,467.25		1495.32	.081		5233.63		121.71
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2		7	10,467.25		1495.32	.081		5233.63		121.71
ACCOMMODATIONS	2		7	3,857.24		551.03	.081		1928.62		44.85

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,857.24	551.03	.081	1928.62	44.85
ANCILLARIES	2	0	6,610.01	.00	.000	3305.01	76.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	5	168.50	33.70	.058	84.25	1.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	67.74	22.58	.035	67.74	.79
RADIOLOGY	2	2	100.76	50.38	.023	50.38	1.17
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MONT	CH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	EC 2002	PAGE 9,675
MOP024	FEE-FOR-SERVICE/						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR 63 MI/MN ALIEN	WITHOUT SIS A	ID CODE 55 58 5	5F		. , , ,
						THLY AVERAG	GE
86 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	12 \$	10,635.75	\$ 886.31	.140		\$ 123.67

86 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	 COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	12	\$ 10,635.75	\$ 886.31	.140	\$ 2658.94	\$ 123.67
COMM HOSP INPATIENT TOTAL	2	7	10,467.25	1495.32	.081	5233.63	121.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	10,467.25	1495.32	.081	5233.63	121.71
ACCOMMODATIONS	2	7	3,857.24	551.03	.081	1928.62	44.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,857.24	551.03	.081	1928.62	44.85
ANCILLARIES	2	0	6,610.01	.00	.000	3305.01	76.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5	168.50	33.70	.058	84.25	1.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	67.74	22.58	.035	67.74	.79
RADIOLOGY	2	2	100.76	50.38	.023	50.38	1.17
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	3	\$	68.00	\$	22.67	.035	\$	34.00	\$	.79
PATHOLOGY	2	3		68.00		22.67	.035		34.00		.79
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	8	\$	662.55	\$	82.82	.093	\$	220.85	\$	7.70
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	8		662.55		82.82	.093		220.85		7.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF-	PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 9,676
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

I HOMAS COONII	DOMINANT OF DERV	ICES FOR US MI/MN ALIEN	N WIIIIOOI DID A.	ID CODE 33 30 3	7.1		
					MON'	THLY AVERAG	E
86 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

 $<sup>\</sup>ensuremath{\text{@}}\star$  Totals in these lines are given as a separate information item only;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,677 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	64 REFU	GEES	Al	ID CODES 01	02 08		
							MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/D	AY PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$ .00	.000		\$ .00
@PHYSICIANS SERVICES	0		0	\$	.00	\$ .00	.000	.00	\$ .00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0	<b>^</b>	.00	.00	.000	.00	.00
@PHARMACY	0		0	\$	.00	\$ .00	.000		\$ .00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	•		0	ć	.00	.00	.000	.00	.00
@DENTIST	0		0	\$	.00	\$ .00	.000		\$ .00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	U		0 0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	U		U		.00	.00	.000	.00	.00

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	9,678
MOP024	FEE-FOR-SERVICE/DE	ENTAL						0	1/17/03
PLUMAS COUNTY	SUMMARY OF SERVICE	es for 64 refu	JGEES	AI	D CODES 01 02	08			
							THLY AVERA		
00 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		NITS OF SERVICE OR DAYS OF CARE	1		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COS ELI	GIBLE
@OPTOMETRIST				.00	PER UNIT/DAY \$ .00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COS	GIBLE .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED			1	.00	PER UNIT/DAY \$ .00 .00	UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COS ELI	.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES			1	.00 .00	PER UNIT/DAY \$ .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COS ELI	.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES			\$	.00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000	COST PER USER .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR			1	.00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00	COS ELI	GIBLE .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS			\$	.00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 \$ .000 \$	COST PER USER .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES			S \$ \$	.00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			\$	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 \$ .00 \$ .00 \$ .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 \$ .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS			S \$ \$	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 .00 \$ .00 .00 \$ .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 \$ .000 .000 \$ .000 \$ .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			S \$ \$	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 \$ .00 \$ .00 \$ .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 \$ .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000		
CO HOSPITAL INPATIENT TOTAL	ŭ	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0			.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00			.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ü	0	.00	.00	.000	.00	.00
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ü	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		CES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DE	EC 2002	,
MOP024	FEE-FOR-SERVICE						01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	VICES FOR 64 REFUGEES	A:	ID CODES 01 02			
					MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON HOO HOODIENTO HORAT	0	^	0.0	0.0	$\wedge \wedge \wedge$	^ ^	0.0

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NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

COMM HOSP OUTPATIENT TOTAL

ACCOMMODATIONS

ANCILLARIES

MEDICAL

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

0

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BONGBIN	O	O O		• 0 0		• 0 0	.000		• 0 0		• 0 0
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTN	r 0	0		.00		.00	.000		.00		.00
	0	0	\$		\$	.00		ċ	.00	ċ	.00
@STATE HOSPITAL	0		Ą		Ą		.000	Ą		Ą	
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	G 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		Ċ		Ċ			Ċ		Ċ	
@INTERMEDIATE CARE FACILDD	U	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00	۲	.00	.000	Y	.00	۲	.00
	0	•									
INDEPENDENT FACILITY	U	0	<b>A</b>	.00	<u>^</u>	.00	.000	<u> </u>	.00	â	.00
@LABORATORY FACILITY	Ü	0	Ş		\$	.00	.000	Ş	.00	Ş	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDUT	CES AND EXPENDITUE	DEC MC		. DOD III			DEC		DAC	E 9,680
			(ES MC	NIH-OF-PAIMENI RE	LPURI	FOR JAN 2	2002 IRRU	DEC	2002		
MOP024	FEE-FOR-SERVIC				~-	01 00	0.0				01/17/03
PLUMAS COUNTY	SUMMARY OF SER	VICES FOR 64 REFU	JGEES	AI	LD CO.	DES 01 02					
							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					ST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY			USER	ΕI	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	()					• • •			• • •		• • •
- 11 - O + O(11	0	0				0.0	000		0.0		0.0
PORTARIE Y-RAY	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	0	0 0				.00 .00 .00	.000		.00		.00

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	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       \$       .00       \$	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000	0       0       .00       .00       .000       .00       .00         0       0       .00       .00       .000       .00       .00         0       0       .00       .00       .000       .00       .00         0       0       .00       .00       .000       .00       .00         0       0       .00       .00       .000       .00       .00         0       0       .00       .00       .000       .00       .00         0       0       .00       .00       .000       .00       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 9,681

01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES OM ON

						MO	NTHLY AVERA	GE
07 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14	44	\$	2,987.33	\$ 67.89	6.286	\$ 213.38	\$ 426.76
@PHYSICIANS SERVICES	4	5	\$	210.42	\$ 42.08	.714	\$ 52.61	\$ 30.06
OUTPATIENT VISITS	3	4	•	181.41	45.35	.571	60.47	25.92
OFFICE VISITS	3	3		136.81	45.60	.429	45.60	19.54
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60	44.60	.143	44.60	6.37
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		29.01	29.01	.143	29.01	4.14
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	7	8	\$	620.44	\$ 77.56	1.143		\$ 88.63
PRESCRIPTION DRUGS	7	8		620.44	77.56	1.143	88.63	88.63
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	7	8		620.44	77.56	1.143	88.63	88.63

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 9,682
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES I	FOR 65 BCCTP-FEDE	RAL	AID CODES OM	ON		
					MON'	THLY AVERAG	SE
07 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
	OR I	DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	4 \$	100.56	\$ 25.14	.571 \$		
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.143	47.45	6.78
EYE APPLIANCES	1	3	53.11	17.70	.429	53.11	7.59
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00

07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	COST PER	COST PER
		OR DAYS OF CARE	C		PER		PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1	4	\$	100.56	\$	25.14	.571	\$ 100.56	\$ 14.37
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.143	47.45	6.78
EYE APPLIANCES	1	3		53.11		17.70	.429	53.11	7.59
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	15	\$	457.56	\$	30.50	2.143	\$ 152.52	\$ 65.37
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	15		457.56		30.50	2.143	152.52	65.37
MEDICAL	1	1		35.46		35.46	.143	35.46	5.07
SURGERY	1	2		160.02		80.01	.286	160.02	22.86
PATHOLOGY	2	6		87.75		14.63	.857	43.88	12.54
RADIOLOGY	1	1		64.91		64.91	.143	64.91	9.27
ROOM USE	2	2		82.23		41.12	.286	41.12	11.75

CROSSOVERS/ALL OTH OUTPINT	1	3	27.19	9.06	.429	27.19	3.88
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 9,683
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	65 BCCTP-I	FEDERAL	AID CODES OM	ON		
					MON'	THLY AVERA	GE
07 ELIGIBLES	USERS UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	15 \$	457.56	\$ 30.50	2.143 \$		\$ 65.37
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	Λ	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	15			457.56		30.50	2.143		152.52		65.37
		1 1			35.46					35.46		5.07
MEDICAL	1	1					35.46	.143				
SURGERY	1	2			160.02		80.01	.286		160.02		22.86
PATHOLOGY	2	6			87.75		14.63	.857		43.88		12.54
RADIOLOGY	1	1			64.91		64.91	.143		64.91		9.27
ROOM USE	2	2			82.23		41.12	.286		41.12		11.75
CROSSOVERS/ALL OTH OUTPTNT	1	3			27.19		9.06	.429		27.19		3.88
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	Y		.00	Y	.00	.000	Ÿ	.00	Y	.00
	0	0										
ICF DD	U	•			.00		.00	.000		.00		.00
ICF DDN/DDCN	U	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	U	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	5	\$		265.75	\$	53.15	.714	\$	132.88	\$	37.96
PATHOLOGY	2	5			265.75		53.15	.714		132.88		37.96
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	7	\$		1,332.60	\$	190.37	1.000	\$	222.10	\$	190.37
CLINIC	0	0			.00	'	.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	7			1,332.60		190.37	1.000		222.10		190.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	'	TIDEC	MONTH-O		r DADT					D	AGE 9,684
MOP024	FEE-FOR-SERVICE		OINES	MONIII O	r raimini m	DE OIVI	FOR UAN	2002 11110	DEC	2002	Ε.	01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	•	ים משטי	ד ע משמשי		7 T D	CODEC ON	<b>√</b> ∩ NT				01/1//03
PLOMAS COUNTI	SUMMARI OF SERV	ICES FOR 03 BC	.CIP-F	EDERAL		AID	CODES OM		MONTE	HLY AVERA	CE	
07 ELIGIBLES	HCEDC	INTEC OF CEDUT	CE	EV	PENDITURES	7\ 7.777	DACE COCE	UNITS/DA		nli Avera COST PER		
0 \ FFIGIRE2	USERS	UNITS OF SERVI		ŁX	PENDITURES			/	-			COST PER
0	2	OR DAYS OF CA			0.0			Y PER ELI		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$		.00	\$	.00	.000	Ş	.00	Ş	.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
12.2110 21021102 1201110	o o	ŭ			• • • •		• • •	. 500		• 5 0		• • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,685
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

FLUMAS COUNTI	SUMMARI OF SER	AICES FOR 00 DCCIE-	SIMIE-ON	ПI	AID	CODE2 OK	O I		
							MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	6 \$	;	193.93	\$	32.32	.000 \$	193.93	\$ .00
@PHYSICIANS SERVICES	1	5 \$	;	169.93	\$	33.99	.000 \$	169.93	\$ .00
OUTPATIENT VISITS	0	0		.00		.00	.000	.00	.00
OFFICE VISITS	0	0		.00		.00	.000	.00	.00
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	1	5		169.93		33.99	.000	169.93	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 9,686
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03

AID CODES OR OT

SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

PLUMAS COUNTY

						M	ONT	'HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		CES AND EXPENDITURES MO					PAGE 9,687
			NIH-OF-FAIMENI KE	IFORT FOR JAN	ZUUZ INKU DE	C 2002	
MOP024	FEE-FOR-SERVICE		mp out v	ATD CODEC OD	0.00		01/17/03
PLUMAS COUNTY	SUMMARI OF SER	VICES FOR 66 BCCTP-STA	TE-ONLY	AID CODES OR	0.1.		
					MON	miiti aimpa	CD
00 57 767575					MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DAYS OF CARE 0 \$	EXPENDITURES .00	PER UNIT/DAY \$ .00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$ .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0 0	OR DAYS OF CARE  0 \$ 0	EXPENDITURES .00 .00	PER UNIT/DAY \$ .00 .00	UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0	OR DAYS OF CARE  0 \$ 0 0	EXPENDITURES .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES .00 .00	PER UNIT/DAY \$ .00 .00	UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0 0 0 0	OR DAYS OF CARE  0 \$ 0 0	EXPENDITURES .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES	PER UNIT/DAY \$ .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$		\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES					PAGE 9,688
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	66 BCCTP-S	STATE-ONLY	AID CODES OR	ОТ		01/1//00
1201110 0001111		00 20011 0	311112 31121	1112 00220 01	MONT	HLY AVERAG	E
00 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		S OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	24.00	\$ 24.00	.000 \$		\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
	<del>.</del>	-	• • • •				

AMBULANCES/AIR TRANS	0	0			.00	.00	.000	.00	.00
OTHER TRANS	0	0			.00	.00	.000	.00	.00
OTHER SERVICES	0	0			.00	.00	.000	.00	.00
ACUPUNCTURE	0	0			.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00	.00
OPTICIAN	0	0			.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00	.00
PROSTHETICS	0	0			.00	.00	.000	.00	.00
ORTHOTICS	0	0			.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0			.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1			24.00	24.00	.000	24.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$		.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$		.00	\$ .00	.000	\$ .00	\$ .00
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE 1	INFORMATION	ITEM (	ONLY;					

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,689 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL PLUMAS COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

				MON	THIY AVERA	F
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.0=1.0						ELIGIBLE
15	50 \$	3,181.26	\$ 63.63			\$ 454.47
5	10 \$	380.35	\$ 38.04	1.429 \$	76.07	\$ 54.34
3	4	181.41	45.35	.571	60.47	25.92
3	3	136.81	45.60	.429	45.60	19.54
0	0	.00	.00	.000	.00	.00
1	1	44.60	44.60	.143	44.60	6.37
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00		.00	.00
0	0	.00	.00			.00
0	0		.00		.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00		.00	.00
0	0					.00
0	0					.00
0	0	.00	.00	.000	.00	.00
0	0		.00	.000	.00	.00
0	0		.00		.00	.00
0	0	.00	.00	.000	.00	.00
	USERS  15 5 3 3 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 15 50 \$	OR DAYS OF CARE  15	OR DAYS OF CARE         PER UNIT/DAY           15         50         \$         3,181.26         \$         63.63           5         10         \$         380.35         \$         38.04           3         4         181.41         45.35         45.60           0         0         .00         .00         .00           1         1         44.60         44.60         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00 <t< td=""><td>  USERS</td><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           15         50         \$ 3,181.26         \$ 63.63         7.143         \$ 212.08           5         10         \$ 380.35         \$ 38.04         1.429         \$ 76.07           3         4         181.41         45.35         .571         60.47           3         3         136.81         45.60         .429         45.60           0         0         .00         .00         .00         .00           1         1         44.60         44.60         .143         44.60           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0</td></t<>	USERS	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           15         50         \$ 3,181.26         \$ 63.63         7.143         \$ 212.08           5         10         \$ 380.35         \$ 38.04         1.429         \$ 76.07           3         4         181.41         45.35         .571         60.47           3         3         136.81         45.60         .429         45.60           0         0         .00         .00         .00         .00           1         1         44.60         44.60         .143         44.60           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	2	6	198.94	33.16	.857	99.47	2	8.42
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	7	8 \$	620.44	\$ 77.56	1.143	\$ 88.63	\$ 8	88.63
PRESCRIPTION DRUGS	7	8	620.44	77.56	1.143	88.63	8	88.63
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	7	8	620.44	77.56	1.143	88.63	8	88.63
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE	9,690

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

ACCOMMODATIONS

----- MONTHLY AVERAGE -----EXPENDITURES 07 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER 100.56 @OPTOMETRIST 4 25.14 .571 \$ 100.56 \$ 14.37 .143 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 47.45 6.78 53.11 17.70 .429 53.11 7.59 EYE APPLIANCES .00 OTHER OPTOMETRIC SERVICES 0 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$ .00 \$ .00 VISITS .00 .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 . 00 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 0 .00 .00 OTHER .00 .000 .00 .000 \$ .00 \$ 0 .00 \$ .00 @HOME HEALTH AGENCY .00 .00 .00 \$ NURSE ANESTHESIST .00 .000 \$ .00 NURSE MIDWIFE .00 .00 .000 \$ .00 \$ .00 .000 \$ .00 .00 .00 \$ PEDIATRIC NURSE PRACTITIONER .00 0 .00 .00 .000 \$ .00 \$ FAMILY NURSE PRACTITIONER .00 15 457.56 30.50 152.52 \$ 65.37 @TOTAL HOSPITAL 2.143 \$ 0 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00

.00

.00

.000

.00

01/17/03

.00

ADMINISTRATIVE DAYS	0	0		00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	15	457	56	30.50	2.143	152.52	65.37
MEDICAL	1	1	35	46	35.46	.143	35.46	5.07
SURGERY	1	2	160	.02	80.01	.286	160.02	22.86
PATHOLOGY	2	6	87	75	14.63	.857	43.88	12.54
RADIOLOGY	1	1	64	91	64.91	.143	64.91	9.27
ROOM USE	2	2	82	.23	41.12	.286	41.12	11.75
CROSSOVERS/ALL OTH OUTPINT	1	3	27	19	9.06	.429	27.19	3.88
@COUNTY HOSPITAL TOTAL	0	0	\$	.00 \$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		0.0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		0.0	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES MONTH-OF-PAYME	T REPORT F	OR JAN 2	002 THRU D	EC 2002	PAGE 9,691
MOP024	FEE-FOR-SERVICE/I	ENTAL						01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICE	ES FOR 67 BCCT	P-TOTAL					
						MO	NTHLY AVERAC	GE
07 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITU:	RES AVERA	GE COST	UNITS/DAYS	COST PER	COST PER

					MOI	NTHLY AVERA	YGE .	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	15	\$ 457.56	\$ 30.50	2.143	\$ 152.52	\$	65.37
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3	15	457.56	30.50	2.143	152.52		65.37
MEDICAL	1	1	35.46	35.46	.143	35.46		5.07
SURGERY	1	2	160.02	80.01	.286	160.02		22.86
PATHOLOGY	2	6	87.75	14.63	.857	43.88		12.54
RADIOLOGY	1	1	64.91	64.91	.143	64.91		9.27
ROOM USE	2	2	82.23	41.12	.286	41.12		11.75
CROSSOVERS/ALL OTH OUTPTNT	1	3	27.19	9.06	.429	27.19		3.88
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	5	\$	265.75	\$	53.15	.714	\$	132.88	\$	37.96
PATHOLOGY	2	5		265.75		53.15	.714		132.88		37.96
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	7	\$	1,332.60	\$	190.37	1.000	\$	222.10	\$	190.37
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	7		1,332.60		190.37	1.000		222.10		190.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES M	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 9,692
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

----- MONTHLY AVERAGE -----07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 24.00 @ALL OTHER PROVIDERS 1 1 24.00 .143 \$ 24.00 \$ 3.43 .00 DURABLE MED. EQUIP. 0 0 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .00 HEARING AID DISPENSERS .000 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .000 OPTICIAN .00 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

PLUMAS COUNTY

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	24.00	24.00	.143	24.00	3.43
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,693
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	68 QMB	- ONLY		AID CO	DDE		
							MO	NTHLY AVERA	GE
07 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2		1	\$	65.86	\$ 65.86	.143	\$ 32.93	\$ 9.41
@PHYSICIANS SERVICES	1		1	\$	2.57	\$ 2.57	.143	\$ 2.57	\$ .37
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		2.57		2.57	.143	2.57		.37
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PRESCRIPTION DRUGS	0	0	т	.00	7	.00	.000	.00	7	.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0	۲	.00	Ÿ	.00	.000	.00	Y	.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PERIODONTICS ENDODONTICS	0	0		.00		.00	.000	.00		.00
	0	0								
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0				.00	.000			.00
DENTURES, STAYPLATES	U	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	U	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES MONT	TH-OF-PAYMENT RI	EPORT F	OR JAN	2002 THRU	DEC 2002	PA	GE 9,694
MOP024	FEE-FOR-SERVICE,									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB -	- ONLY			AID C				
0.5								ONTHLY AVER	-	
07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY			OST PER
		OR DAYS OF CARE	_	40.00			PER ELIG			LIGIBLE
@OPTOMETRIST	1	0	\$	48.99	\$	.00	.000	•	\$	7.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	1	0		48.99		.00	.000	48.99		7.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	•	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

EAMILY NUDGE DDAGMINIONED	0	0	Ċ	0.0	ė or	000	ė oo	ė oo
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0	0	\$ \$	.00 14.30	\$ .00			•
•	0	0	Ş		,			
HOSP INPATIENT TOTAL	U	0		.00	.00		.00	.00
HSC HOSPITALS	Ü	0		.00	.00		.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00		.00	.00
ACCOMMODATIONS	0	0		.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		14.30	.00	.000	.00	2.04
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		14.30	.00	.000	.00	2.04
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00			
CO HOSPITAL INPATIENT TOTAL	0	0	·•	.00	.00		.00	.00
HSC HOSPITALS	0	0		.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00		.00	.00
ACCOMMODATIONS	0	0		.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00		.00	.00
ALL OTHER ACCOM	0	0		.00	.00		.00	.00
ANCILLARIES	0	0		.00	.00		.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00		.00	.00
ALL OTHER INPATIENT	0	0		.00	.00		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00		.00	.00
	0	0		.00	.00		.00	
MEDICAL	U	0						.00
SURGERY	U	0		.00	.00		.00	.00
PATHOLOGY	U	0		.00	.00		.00	.00
RADIOLOGY	0	0		.00	.00		.00	.00
ROOM USE	0	0		.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-O	F-PAYMENT REI	PORT FOR JA	AN 2002 THRU	DEC 2002	PAGE 9,695
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	68 QMB	- ONLY		AII	CODE		
						N	MONTHLY AVERA	AGE

07 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL Ω 0 \$ 14.30 .00 .000 \$ .00 \$ 2.04 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .00 .00 .000 INPATIENT CROSSOVERS 0 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 0 14.30 .00 .000 .00 2.04 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
	0	· · · · · · · · · · · · · · · · · · ·						
ROOM USE	U	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	14.30	.00	.000	.00		2.04
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
-	0	0 3			·		Ÿ	
LEV A-INTERMEDIATE	U	· ·	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	Ô	0	.00	.00	.000	.00		.00
	0	· · · · · · · · · · · · · · · · · · ·					Ċ	
@INTERMEDIATE CARE FACILDD	U	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	n	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	Ψ	.00
	0							
HEMODIALYSIS CENTER	U	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	Ô	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
PATHOLOGY	0	0	.00	.00	.000	.00	Ψ	.00
	0							
XO AND OTHERS	Ü	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	n	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	<u> </u>						
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT	TH-OF-PAYMENT RE	SPORT FOR JAN 2	2002 THRU DEC	2002		9,696
MOP024	FEE-FOR-SERVICE	/DENTAL					01,	/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB - ONLY		AID CO	ODE			
					MONT	HLY AVERA	GE	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST	PER
0 / 111011110	OBLIG	OR DAYS OF CARE	LAT LINDITONEO	PER UNIT/DAY	PER ELIG	USER	ELIG	
OALL OBUILD DROUTEDED	6		0.0					
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
	0							
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
	· ·	· ·						
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
	9							
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2	1	\$ 65.86	\$ 65.86	.143	\$ 32.93	\$ 9.41

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,697
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

PLUMAS COUNTY	SUMMARY OF SER	VICES FOR 69 133%	PROGRAM	1 A	ID CODES /2 /4			
						MON		-
384 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	]		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	120	562	\$	27 <b>,</b> 396.97	\$ 48.75	1.464 \$		•
@PHYSICIANS SERVICES	12	42	\$	1,438.44	\$ 34.25	.109 \$		•
OUTPATIENT VISITS	4	4		140.88	35.22	.010	35.22	.37
OFFICE VISITS	1	1		26.18	26.18	.003	26.18	.07
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		68.98	34.49	.005	34.49	.18
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		45.72	45.72	.003	45.72	.12
INPATIENT VISITS	2	9		714.51	79.39	.023	357.26	1.86
HOSPITAL VISITS	1	3		123.72	41.24	.008	123.72	.32
CRITICAL CARE	2	6		590.79	98.47	.016	295.40	1.54
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	20		336.81	16.84	.052	168.41	.88
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	20		336.81	16.84	.052	168.41	.88
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	2		35.69	17.85	.005	17.85	.09
RADIOLOGY	3	3		29.46	9.82	.008	9.82	.08
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	4		181.09	45.27	.010	90.55	.47
@PHARMACY	50	87	\$	2,829.90	\$ 32.53	.227 \$	56.60	\$ 7.37
PRESCRIPTION DRUGS	50	86		2,822.98	32.83	.224	56.46	7.35
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	50	86		2,822.98	32.83	.224	56.46	7.35

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	1	1	6.92		6.92	.003	6.92		.02
@DENTIST	10	72	\$ 2,687.00	\$	37.32	.188	\$ 268.70	\$	7.00
VISITS - DIAGNOSTIC	8	33	458.00		13.88	.086	57.25		1.19
ORAL SURGERY	2	3	128.00		42.67	.008	64.00		.33
DRUGS	2	2	50.00		25.00	.005	25.00		.13
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	5	33	1,931.00		58.52	.086	386.20		5.03
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	1	1	120.00		120.00	.003	120.00		.31
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
					T DOD TANK	0000 milbii D	Ta 0000		0 000
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MONTH-OF-PAYMENT F	KE POR'	r for jan 2	2002 THRU D	EC 2002	PF	AGE 9,698
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE		ES MONTH-OF-PAYMENT F	KEPOR'	r for Jan 2	2002 THRU D	EC 2002	P.F	01/17/03
		INTAL			DDES 72 74		EC 2002	P.F	
MOP024	FEE-FOR-SERVICE/DE	INTAL				8N	EC 2002 NTHLY AVER		
MOP024	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE	INTAL		AID CO	ODES 72 74	8N		AGE -	
MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133%	PROGRAM A	AID CO	ODES 72 74	8N MO	NTHLY AVERA	AGE -	01/17/03
MOP024 PLUMAS COUNTY	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM A	AID CO	DDES 72 74 ERAGE COST	8N MO UNITS/DAYS	NTHLY AVERA COST PER USER	AGE - (	01/17/03  COST PER
MOP024 PLUMAS COUNTY  384 ELIGIBLES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM F	AID CO AVE PEF	DDES 72 74 ERAGE COST R UNIT/DAY	8N MO UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	AGE - (	01/17/03  COST PER ELIGIBLE
MOP024 PLUMAS COUNTY  384 ELIGIBLES  @OPTOMETRIST	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45	AID CO AVE PEF	DDES 72 74 ERAGE COST R UNIT/DAY 35.73	8N MO UNITS/DAYS PER ELIG .005	NTHLY AVERA COST PER USER \$ 35.73	AGE - (	01/17/03  COST PER ELIGIBLE .19
MOP024 PLUMAS COUNTY  384 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45 47.45	AID CO AVE PEF	DDES 72 74 ERAGE COST R UNIT/DAY 35.73 47.45	8N MO UNITS/DAYS PER ELIG .005 .003	NTHLY AVERA COST PER USER \$ 35.73 47.45	AGE - (	01/17/03  COST PER ELIGIBLE .19 .12
MOP024 PLUMAS COUNTY  384 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45 47.45 .00	AID CO AVE PEF	DDES 72 74 ERAGE COST R UNIT/DAY 35.73 47.45 .00	8N MO UNITS/DAYS PER ELIG .005 .003 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00	AGE - ( E	01/17/03  COST PER ELIGIBLE .19 .12 .00
MOP024 PLUMAS COUNTY  384 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM EXPENDITURES  \$ 71.45 47.45 .00 24.00	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 35.73 47.45 .00 24.00	8N MO UNITS/DAYS PER ELIG .005 .003 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00	AGE - ( E	01/17/03 
MOP024 PLUMAS COUNTY  384 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM EXPENDITURES  \$ 71.45 47.45 .00 24.00 \$ .00	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 35.73 47.45 .00 24.00 .00	8N MO UNITS/DAYS PER ELIG .005 .003 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00 \$ .00	AGE - ( E	01/17/03 
MOP024 PLUMAS COUNTY  384 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM EXPENDITURES  \$ 71.45 47.45 .00 24.00 \$ .00 .00 .00 \$ .00	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 35.73 47.45 .00 24.00 .00 .00 .00	8N MO UNITS/DAYS PER ELIG .005 .003 .000 .003 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00 \$ .00 .00 .00	AGE - ( ) \$	01/17/03 
MOP024 PLUMAS COUNTY  384 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM EXPENDITURES  \$ 71.45 47.45 .00 24.00 \$ .00 .00 .00 \$ .00 .00 .00 .00	AVI AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 35.73 47.45 .00 24.00 .00 .00 .00 .00	8N MO UNITS/DAYS PER ELIG .005 .003 .000 .003 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00 \$ .00 .00 .00 .00	AGE - ( ) \$	01/17/03 COST PER ELIGIBLE
MOP024 PLUMAS COUNTY  384 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% HITS OF SERVICE	PROGRAM EXPENDITURES  \$ 71.45 47.45 .00 24.00 \$ .00 .00 .00 \$ .00	AVI AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 35.73 47.45 .00 24.00 .00 .00 .00	8N MO UNITS/DAYS PER ELIG .005 .003 .000 .003 .000 .000 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00 \$ .00 .00 .00	AGE - ( ) \$	01/17/03 COST PER ELIGIBLE .19 .12 .00 .06 .00 .00 .00

	0			0.0		0.0	0.00		0.0		0.0
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$	.00
@TOTAL HOSPITAL	38	178	Ś	7,627.14	Ś	42.85	.464		200.71		19.86
HOSP INPATIENT TOTAL	1	3	Υ	2,613.00	Ψ	871.00	.008		2613.00	Υ	6.80
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	1	3		2,613.00							
NON-HSC HOSPITAL TOTAL	1			,		871.00	.008		2613.00		6.80
ACCOMMODATIONS	Ţ	3		2,612.91		870.97	.008		2612.91		6.80
ADMINISTRATIVE DAYS	Ü	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		2,612.91		870.97	.008		2612.91		6.80
ANCILLARIES	1	0		.09		.00	.000		.09		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	37	175		5,014.14		28.65	.456		135.52		13.06
MEDICAL	30	57		2,482.63		43.55	.148		82.75		6.47
SURGERY	1	1		142.90		142.90	.003		142.90		.37
PATHOLOGY	6	49		477.88		9.75	.128		79.65		1.24
RADIOLOGY	7	7		240.68		34.38	.018		34.38		.63
ROOM USE	29	36		1,379.29		38.31	.094		47.56		3.59
CROSSOVERS/ALL OTH OUTPTNT	12	25		290.76		11.63	.065		24.23		.76
@COUNTY HOSPITAL TOTAL	0	0	ċ		\$	.00			.00	ċ	
•	0		\$	.00	Ş		.000			ې	.00
CO HOSPITAL INPATIENT TOTAL	•	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	ŭ	ES AND EXPENDITURE	'C MONTH							PAG	
MOP024	FEE-FOR-SERVICE		DINOMI C	-OF-FAIMENT KI	EFOK.	I FOR JAN	2002 IRKO	עבע	, 2002	PAC	01/17/03
			DDOCDAM	7.	TD 00	DEC 70 74	ONT				01/1//03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 69 133%	PROGRAM	Α.	ID CC	DDES 72 74		N/ONTIT		CE	
204 BLIGIBLES	HOEDO	INITES OF SERVICE			70 7 7 7	TD 7 CE COCE			'HLY AVERA		
384 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					ST PER
		OR DAYS OF CARE	_			R UNIT/DAY			USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	38		\$	7,627.14	\$	42.85	.464			Ş	19.86
COMM HOSP INPATIENT TOTAL	1	3		2,613.00		871.00	.008		2613.00		6.80
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	3		2,613.00		871.00	.008		2613.00		6.80
ACCOMMODATIONS	1	3		2,612.91		870.97	.008		2612.91		6.80
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

0

.000

.00

.00

.00

.00

TRANSITIONAL IP CARE

ALL OTHER ACCOM	1	3		2,612.91		870.97	.008		2612.91		6.80
ANCILLARIES	1	0		.09		.00	.000		.09		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	37	175		5,014.14		28.65	.456		135.52		13.06
MEDICAL	30	57		2,482.63		43.55	.148		82.75		6.47
SURGERY	1	1		142.90		142.90	.003		142.90		.37
PATHOLOGY	6	49		477.88		9.75	.128		79.65		1.24
RADIOLOGY	7	7		240.68		34.38	.018		34.38		.63
ROOM USE	29	36		1,379.29		38.31	.094		47.56		3.59
CROSSOVERS/ALL OTH OUTPTNT	12	25		290.76		11.63	.065		24.23		.76
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	ċ	.00
LEV A-INTERMEDIATE	0	0	Ą	.00	۲	.00	.000	۲	.00	۲	.00
	0	0		.00					.00		.00
LEV B-REHAB MD	0	0				.00	.000				
LEV B-SUBACUTE FREESTANDING	0	0		.00			.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	ŭ		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	<u> </u>	.00	<b>^</b>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	49	63	\$	9,502.16	\$	150.83	.164	\$	193.92	\$	24.75
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	49	63		9,502.16		150.83	.164		193.92		24.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MOI	NTH-OF-PAYMENT RI	EPORT	FOR JAN 200	02 THRU	DEC	2002	PA	GE 9,700
MOP024	FEE-FOR-SERVICE	DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI		% PROGI	RAM A	ID CC	DES 72 74 81	N				
								IONT	HLY AVERA	GE -	
384 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST UI			COST PER	_	COST PER
	<del>-</del>	OB DAVE OF CAR				IINITE /DAV			HCED		TTCTDIE

					MO	NTHLY AVERA	GE
384 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	118 \$	3,240.88	\$ 27.47	.307	\$ 405.11	\$ 8.44
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	91	2,843.55	31.25	.237	1421.78	7.41
AMBULANCES/AIR TRANS	2	90	1,043.55	11.60	.234	521.78	2.72
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.003	1800.00	4.69
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	26	309.94	11.92	.068	61.99	.81
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	87.39	87.39	.003	87.39	.23
@CALIF. CHILDREN SERVICES*	8	50	\$ 2,884.70	\$ 57.69	.130	\$ 360.59	\$ 7.51
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,701 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

					MOI	NTHLY AVERA	GE
480 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	164	582 \$	36,102.56	\$ 62.03	1.213	\$ 220.14	\$ 75.21
@PHYSICIANS SERVICES	25	56 \$	1,828.54	\$ 32.65	.117	\$ 73.14	\$ 3.81
OUTPATIENT VISITS	2	2	137.58	68.79	.004	68.79	.29
OFFICE VISITS	2	2	137.58	68.79	.004	68.79	.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	7	311.22	44.46	.015	103.74	.65
HOSPITAL VISITS	3	7	311.22	44.46	.015	103.74	.65
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	12	439.81	36.65	.025	439.81	.92
PRINCIPAL SURGEON	1	1	295.23	295.23	.002	295.23	.62
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	144.58	13.14	.023	144.58	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	69.12	34.56	.004	34.56	.14
RADIOLOGY	20	33	870.81	26.39	.069	43.54	1.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	61	107	\$	4,050.17	37.85	.223 \$	66.40	\$	8.44
PRESCRIPTION DRUGS	61	107		4,050.17	37.85	.223	66.40		8.44
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	61	107		4,050.17	37.85	.223	66.40		8.44
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	1	0	\$	118.00	.00	.000 \$	118.00	\$	.25
VISITS - DIAGNOSTIC	1	2CR		4.00	2.00CF	.004CR	4.00		.01
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	2		114.00	57.00	.004	114.00		.24
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES N	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU DE	2002	PAGE	9,702
MOP024	FEE-FOR-SERVICE/DENTA	L						C	01/17/03

SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

PLUMAS COUNTY

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 480 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 741.06 \$ 12 @OPTOMETRIST 34 21.80 .071 \$ 61.76 \$ 8 8 354.74 44.34 .017 44.34 .74 DIAGNOSTIC AND ANC. PROCED 374.91 .052 EYE APPLIANCES 15.00 41.66 .78 11.41 11.41 OTHER OPTOMETRIC SERVICES 1 11.41 .002 .02 .00 \$ .000 \$ @CHIROPRACTOR .00 .00 \$ .00 .00 .000 .00 VISITS .00 .00 OTHER SERVICES 0 .00 .000 .00 .00 223.75 55.94 .008 \$ 111.88 \$ @PODIATRIST .47 78.99 39.50 39.50 MEDICINE/INJECTIONS .004 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 144.76 72.38 .004 144.76 .30 @HOME HEALTH AGENCY 104.99 52.50 .004 \$ 104.99 .22 NURSE ANESTHESIST 0 .00 .00 .000 \$ .00 Ś .00 NURSE MIDWIFE 15 1,206.30 80.42 .031 \$ 603.15 \$ 2.51 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 .00 0 .00 \$ .00 .000 \$ .00 FAMILY NURSE PRACTITIONER 40 9,270.65 231.77 @TOTAL HOSPITAL 159 58.31 .331 \$ 19.31 5 .60 . .62.35 .01 .00 .000 .00 .000 .00 .000 .010 .000 649.60 1624.00 HOSP INPATIENT TOTAL 3,247.99 .010 6.77 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL 3,247.99 649.60 1624.00 6.77 1155.87 ACCOMMODATIONS 2,311.73 4.82 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 2,311.73 1155.87 ALL OTHER ACCOM 4.82 ANCILLARIES 936.26 468.13 1.95 .00 INPATIENT CROSSOVERS .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	39		154		6,022.66	39.11	.321	154.43	12.55
MEDICAL	23		28		1,426.83	50.96	.058	62.04	2.97
SURGERY	3		3		297.81	99.27	.006	99.27	.62
PATHOLOGY	15		45		491.98	10.93	.094	32.80	1.02
RADIOLOGY	16		25		2,041.28	81.65	.052	127.58	4.25
ROOM USE	27		33		1,432.07	43.40	.069	53.04	2.98
CROSSOVERS/ALL OTH OUTPTNT	13		20		332.69	16.63	.042	25.59	.69
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00	.00	.000	.00	.00
	MEDI-CAL SERVIC		PENDITUR	ES MONTH	H-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,703
MOP024	FEE-FOR-SERVICE								01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR	70 100%	PROGRAM	IA I	ID CODES 7A 70			
								NTHLY AVERA	
480 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	AVERAGE COST			COST PER
	_	OR DAYS				PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40		159	\$	9,270.65	\$ 58.31	.331	\$ 231.77	\$ 19.31

COMM HOSP INPATIENT TOTAL	2	5		3,247.99		649.60	.010		1624.00		6.77
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	5		3,247.99	)	649.60	.010		1624.00		6.77
ACCOMMODATIONS	2	5		2,311.73	}	462.35	.010		1155.87		4.82
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	5		2,311.73	}	462.35	.010		1155.87		4.82
ANCILLARIES	2	0		936.26		.00	.000		468.13		1.95
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	39	154		6,022.66		39.11	.321		154.43		12.55
MEDICAL	23	28		1,426.83		50.96	.058		62.04		2.97
SURGERY	3	3		297.81		99.27	.006		99.27		.62
PATHOLOGY	15	45		491.98		10.93	.094		32.80		1.02
RADIOLOGY	16	25		2,041.28		81.65	.052		127.58		4.25
	27	33				43.40			53.04		2.98
ROOM USE				1,432.07			.069				
CROSSOVERS/ALL OTH OUTPTNT	13	20	÷	332.69		16.63	.042	Ċ	25.59	<u>_</u>	.69
@STATE HOSPITAL	0	0	\$	.00		.00	.000	Þ	.00	Þ	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00		.00		\$	.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00		.00	.000	7	.00	7	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00		.00	.000	\$		\$	.00
	0	0	Ą	.00		.00	.000	۲	.00	۲	
HOSPITAL BASED	0										.00
INDEPENDENT FACILITY	9	0	<u> </u>	.00		.00	.000	<u>^</u>	.00	<u>^</u>	.00
@LABORATORY FACILITY	-	18	\$	296.96		16.50	.038	\$	33.00	Ş	.62
PATHOLOGY	9	18		296.96		16.50	.038		33.00		.62
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	75	117	\$	17,108.44		146.23	.244	\$	228.11	\$	35.64
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	75	117		17,108.44		146.23	.244		228.11		35.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES I	MONTH-OF-PAYMENT	REPOR	T FOR JAN 2	2002 THRU I	DEC	2002	P	AGE 9,704
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 70 10	0% PR	OGRAM	AID C	ODES 7A 7C	8R				
							MC	ONTH	HLY AVERA	GE	
480 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	. AV	ERAGE COST				-	COST PER
100 2210120	0021.0	OR DAYS OF CA		2112 2112 2 1 01120		R UNIT/DAY		-	USER		ELIGIBLE
@ALL OTHER PROVIDERS	34	70	\$	1,153.70		16.48	.146	Ś	33.93		2.40
DURABLE MED. EQUIP.	0	0	۲	.00		.00	.000	т	.00	~	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	3	7									
MEDICAL TRANSPORTATION	3	1		381.46	,	54.49	.015		127.15		.79

AMBULANCES/AIR TRANS	3	7	381.46	54.49	.015	127.15	.79
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	160.00	80.00	.004	80.00	.33
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	162.68	10.17	.033	20.34	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	45	449.56	9.99	.094	20.43	.94
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,705 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

					MO	NTHLY AVERA	.GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	110	295	\$ 21,779.99	\$ 73.83	.000	\$ 198.00	\$	.00
@PHYSICIANS SERVICES	9	9	\$ 386.96	\$ 43.00	.000	\$ 43.00	\$	.00
OUTPATIENT VISITS	3	3	205.11	68.37	.000	68.37		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	2	2	186.79	93.40	.000	93.40		.00
OTHER OUTPATIENT	1	1	18.32	18.32	.000	18.32		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	6	6	181.85	30.31	.000	30.31		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	2	2 \$	40.50	\$ 20.25	.000	\$ 20.25	\$	.00
PRESCRIPTION DRUGS	2	2	40.50	20.25	.000	20.25		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	2	2	40.50	20.25	.000	20.25		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE	9,706

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 0 .00 \$ .00 .000 \$ .00 \$ .00 .000 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 EYE APPLIANCES .00 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 VISITS 0 .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 @PODIATRIST .00 .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 OTHER .00 .00 .000 .00 .00 0 @HOME HEALTH AGENCY .00 \$ .00 .000 \$ .00 \$ .00 .000 \$ NURSE ANESTHESIST .00 \$ .00 .00 .00 NURSE MIDWIFE .00 .00 .000 \$ .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$ .00 .00 FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 \$ .00 .00 35 4,975.27 33.85 @TOTAL HOSPITAL 147 .000 \$ 142.15 .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

01/17/03

----- MONTHLY AVERAGE -----

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					.00
INPATIENT CROSSOVERS	0	•	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	147	4,975.27	33.85	.000	142.15	.00
MEDICAL	7	7	158.09	22.58	.000	22.58	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	27	520.22	19.27	.000	37.16	.00
RADIOLOGY	2	3	95.94	31.98	.000	47.97	.00
ROOM USE	21	26	705.46	27.13	.000	33.59	.00
CROSSOVERS/ALL OTH OUTPINT	22	84	3,495.56	41.61	.000	158.89	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
-	•	•					•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	MEDI GAI GEDIATO	•					
		ES AND EXPENDITURES MO	DNTH-OF-PAYMENT RE	PORT FOR JAN 2	:UUZ THRU DEC	2002	PAGE 9,707
MOP024	FEE-FOR-SERVICE				_		01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 71 PRESUMP E	ELIGIBILITY-PREGNA	ANT AID CODES			
					MONT	CHLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	147 \$	4,975.27	\$ 33.85	.000 \$	142.15	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	U	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	147			.000	142.15	.00
			4,975.27	33.85			
MEDICAL	7	7	158.09	22.58	.000	22.58	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	27	520.22	19.27	.000	37.16	.00
RADIOLOGY	2	3	95.94	31.98	.000	47.97	.00
ROOM USE	21	26	705.46	27.13	.000	33.59	.00
CROSSOVERS/ALL OTH OUTPINT	22	84	3,495.56	41.61	.000	158.89	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	32	42	\$	754.92	\$	17.97	.000	\$	23.59	\$	.00
PATHOLOGY	32	42		754.92		17.97	.000		23.59		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	57	89	\$	15,042.34	\$	169.02	.000	\$	263.90	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	57	89		15,042.34		169.02	.000		263.90		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPOR	r for jan 2	002 THRU	DEC	2002	PAG!	,
MOP024	FEE-FOR-SERVICE/DENTAL									1	01/17/03
PLUMAS COUNTY	SUMMARY OF SERVICES FOR	R 71 PRE	ESUMP	ELIGIBILITY-PREGNA	TNA	AID CODES					
							Mo	ITNC	HLY AVERA	GE	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	6	\$	580.00	\$ 96.67	.000 \$	96.67	\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6		580.00	96.67	.000	96.67	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 5	\$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 9	\$	.00	\$ .00	.000 \$	.00	\$ .00
ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0 0 0 0	0 0 0 5 0 5	\$ \$ EM_ONIV:	.00	.00 \$ .00	.000 .000 \$	.00	.00 \$ .00

 $<sup>\</sup>ensuremath{\emptyset}^{\star}$  Totals in these lines are given as a separate information item only;

 $\star\star$  These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,709
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

					MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
PRESCRIPTION DRUGS	0	0	'	.00		.00	.000		.00	•	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	S	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	٧	.00	Y	.00	.000	Y	.00	٧	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00			.000		.00		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0				.00					.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0 MEDI CAI CEDITO	U AND EXPENDING		.00		.00	000.	DEC	.00	D 7 (	.00
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PAG	GE 9,710
MOP024	FEE-FOR-SERVICE		077		CD 334	3.75 00					01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR /2 MEDI	-CAI	L TUBERCULOSIS PRO	GRAM	AID CO		ONTEST.	11 11 A 11 11 D A 4	2.0	
OO ELICIDIES	HOEDO	INTEG OF CEDITOR		EXPENDIBLIDED	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	RAGE COST	M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNIT/DAY		5 (	COST PER USER		OST PER LIGIBLE
@OPTOMETRIST	0	OR DAYS OF CARE	\$	0.0	\$	.00	.000	ċ	.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	Ş	.00	.000	Ą	.00	Ş	
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		
	0	0	ċ		Ċ			ċ		ċ	.00
@CHIROPRACTOR	0		\$	.00	\$	.00		\$		\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	ċ	.00	Ċ	.00	.000	ċ	.00	Ċ	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	Þ	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0	ć	.00	ć	.00	.000	ć	.00	ć	.00
@HOME HEALTH AGENCY	0	0	\$	.00	Ş	.00		Ş	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	Ş	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
HOSP INPATIENT TOTAL	Ô	0	'	.00	'	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0								
	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	Ō	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
	0	0								
PATHOLOGY	U	U		.00		.00	.000	.00		.00
RADIOLOGY	Ü	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	Ô	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	0	0								
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	Û	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
					.DODE				D.7.0	
#CALIF DEPT OF HEALTH SERV			ES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	2002 THRU DE	iC 2002		E 9,711
MOP024	FEE-FOR-SERVICE/									01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR 72 MEDI	-CAL	TUBERCULOSIS PROG	GRAM	AID CC				
							MON		GE	
00 ELIGIBLES	USERS I	JNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			ST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00			.000	.00		
		0				.00				.00
TRANSITIONAL IP CARE	0	U		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
	-	-		<del>-</del>						

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0	·	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$ .00	\$	.00
ICF DDH	0	0	Ψ	.00	Τ	.00	.000	.00	т	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		\$ .00	\$	.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		\$ .00	Ś	.00
-	0	0	Ą		Ą		.000	•	Ą	
HOSPITAL BASED	0			.00		.00		.00		.00
INDEPENDENT FACILITY	0	0	ċ	.00	Ċ	.00	.000	.00	ċ	.00
@LABORATORY FACILITY	0		\$	.00	\$	.00		\$ .00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00		\$ .00	\$	.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			URES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2002 THRU D	EC 2002	P.	AGE 9,712
MOP024	FEE-FOR-SERVICE/									01/17/03
PLUMAS COUNTY	SUMMARY OF SERVI	CES FOR 72 ME	DI-CAL	TUBERCULOSIS PRO	GRAM	AID CO				
								NTHLY AVERA		
00 ELIGIBLES	USERS	JNITS OF SERVI		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CA	RE				PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	•	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,713 FEE-FOR-SERVICE/DENTAL

01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

						MO	NTHLY AVERA	GE
03 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14	70	\$	5,429.34	\$ 77.56	23.333	\$ 387.81	\$ 1809.78
@PHYSICIANS SERVICES	5	11	\$	664.58	\$ 60.42	3.667	\$ 132.92	\$ 221.53
OUTPATIENT VISITS	1	1		101.05	101.05	.333	101.05	33.68
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		101.05	101.05	.333	101.05	33.68
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	1		73.20	73.20	.333	73.20	24.40

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	1	1			73.20		73.20	.333		73.20		24.40
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	2			65.99		33.00	.667		65.99		22.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	2			65.99		33.00	.667		65.99		22.00
OUTPATIENT SURGERY	1	1			253.16		253.16	.333		253.16		84.39
PRINCIPAL SURGEON	1	1			253.16		253.16	.333		253.16		84.39
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	3	5			133.58		26.72	1.667		44.53		44.53
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1			37.60		37.60	.333		37.60		12.53
@PHARMACY	2	7	\$		173.73	\$	24.82	2.333	\$	86.87	\$	57.91
PRESCRIPTION DRUGS	2	7	·		173.73	•	24.82	2.333		86.87		57.91
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	2	7			173.73		24.82	2.333		86.87		57.91
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES	MONTH-C	F-PAYMENT RE	EPORI	FOR JAN 2	002 THRU	DEC	2002	PAC	GE 9,714
MOP024	FEE-FOR-SERVICE/DENT	TAL										01/17/03
DI LIMA C. COLINERY	CHMMADY OF CEDITORS	EOD 72 MIN	OD C	ONICENIE	ATD CODEC AT		DEC 7M 7D	7 D				

PLUMAS COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

							MO	TNC	HLY AVERA	GE	
03 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		.00		.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$		\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$		\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000			\$	.00
@TOTAL HOSPITAL	7	31	\$	3,534.77	\$		10.333	\$	504.97	\$	1178.26
HOSP INPATIENT TOTAL	1	1		2,646.32		2646.32	.333		2646.32		882.11
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1		2,646.32		2646.32	.333		2646.32		882.11
ACCOMMODATIONS	1	1		1,057.21		1057.21	.333		1057.21		352.40
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		1,057.21		1057.21	.333		1057.21		352.40
ANCILLARIES	1	0		1,589.11		.00	.000		1589.11		529.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	30		888.45		29.62	10.000		148.08		296.15
MEDICAL	2.	2		180.62		90.31	.667		90.31		60.21
SURGERY	1	2		76.26		38.13	.667		76.26		25.42
PATHOLOGY		13		202.43		15.57	4.333		67.48		67.48
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	4	6		366.50		61.08	2.000		91.63		122.17
CROSSOVERS/ALL OTH OUTPTNT	4	7		62.64		8.95	2.333		15.66		20.88
@COUNTY HOSPITAL TOTAL	4	18	\$	490.53	Ś	27.25	6.000	Ś	122.63	Ś	163.51
CO HOSPITAL INPATIENT TOTAL	Û	0	7	.00	т	.00	.000	7	.00	- 1	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ô	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	18		490.53		27.25	6.000		122.63		163.51
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	2		54.84		27.42	.667		54.84		18.28
PATHOLOGY	2	2		136.71		17.09	2.667		68.36		45.57
RADIOLOGY	2	0		.00		.00	.000		.00		.00
	0	U		270.30		54.06	1.667		90.10		90.10
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2	3		270.30		9.56	1.000		14.34		90.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		י סטמו		יחסחי			חפת		T.	
		EVERNDILO	I CHAI	MONIH-OF-PAIMENT RE	YUK.	I FOR JAN	ZUUZ THKU	DFC	2002	P	PAGE 9,715
MOP024	FEE-FOR-SERVICE/DENTAL	_ =0									01/17/03

----- MONTHLY AVERAGE -----03 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 13 \$ \$ 234.17 4.333 \$ 1014.75 \$ 1014.75 3,044.24 COMM HOSP INPATIENT TOTAL 1 2,646.32 2646.32 .333 2646.32 882.11 .00 0 .00 .00 .000 .00 HSC HOSPITALS .00 2646.32 1057.21 .00 .333 NON-HSC HOSPITALS TOTAL 2,646.32 2646.32 882.11 1057.21 352.40 ACCOMMODATIONS 1,057.21 .333 ADMINISTRATIVE DAYS 0 0 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

PLUMAS COUNTY

ALL OBUED ACCOM	1	1		1 057 01	1	0.57 0.1	222		1057 01		252 40
ALL OTHER ACCOM	1	1		1,057.21	Т	057.21	.333		1057.21		352.40
ANCILLARIES	1	0		1,589.11		.00	.000		1589.11		529.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	12		397.92		33.16	4.000		198.96		132.64
MEDICAL	2	2		180.62		90.31	.667		90.31		60.21
SURGERY	0	0		21.42		.00	.000		.00		7.14
PATHOLOGY	1	5		65.72		13.14	1.667		65.72		21.91
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		96.20		96.20	.333		96.20		32.07
CROSSOVERS/ALL OTH OUTPTNT	2	4		33.96		8.49	1.333		16.98		11.32
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	т.	.00	т	.00	.000	- T	.00	4	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	Ą	.00	Ş	.00	.000	Ą	.00	Ş	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0	0	Ċ	72.38	Ċ			Ċ		ċ	24.13
@LABORATORY FACILITY	1	4	\$		\$	18.10	1.333	Þ	72.38	Ş	
PATHOLOGY	1	4		72.38		18.10	1.333		72.38		24.13
XO AND OTHERS	0	0		.00	_	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	17	\$	983.88	Ş	57.88	5.667	Ş	196.78	Ş	327.96
CLINIC	5	17		948.28		55.78	5.667		189.66		316.09
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		35.60		.00	.000		.00		11.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUF	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 9,716
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

							MON	NTHLY AVERA	GE	
03 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS	OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00	
BLOOD BANK	0		0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00	
OTHER TRANS	0		0		.00	.00	.000	.00	.00	
OTHER SERVICES	0		0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00	

0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	.00		.00	.000	.00	.00
0	0	\$ .00	\$	.00	.000 \$	.00 \$	.00
0	0	\$ .00	\$	.00	.000 \$	.00 \$	.00
	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         0       .00       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	0       0       .00       .00         0	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0	0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,717 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLUMAS COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

					MON'	THLY AVERAGE	]
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	(	)	.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	(	)	.00		.00	.000	.00		.00
@PHARMACY	0	(	) \$	.00	\$	.00	.000	\$ .00	\$	.00
PRESCRIPTION DRUGS	0	(	)	.00		.00	.000	.00		.00
SNF/ICF	0	(	)	.00		.00	.000	.00		.00
OUTPATIENTS	0	(	)	.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	(	)	.00		.00	.000	.00		.00
@DENTIST	0	(	) \$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	(	)	.00		.00	.000	.00		.00
ORAL SURGERY	0	(	)	.00		.00	.000	.00		.00
DRUGS	0	(	)	.00		.00	.000	.00		.00
ANESTHESIA	0	(	)	.00		.00	.000	.00		.00
PERIODONTICS	0	(	)	.00		.00	.000	.00		.00
ENDODONTICS	0	(	)	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	(	)	.00		.00	.000	.00		.00
PROSTHETICS	0	(	)	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	(	)	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	(	)	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	(	)	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	(	)	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	(	)	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	(	)	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEND	ITURES M	ONTH-OF-PAYMENT I	REPORT FO	R JAN	2002 THRU DE	EC 2002	PAGE	9,718
MOP024	FEE-FOR-SERVICE	/DENTAL							01	1/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 74	FOR FUTU	RE USE						
								NTHLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SERV	JICE	EXPENDITURES	AVERAG	E COS	T UNITS/DAYS	COST PER	COSI	PER

PER UNIT/DAY PER ELIG

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OR DAYS OF CARE

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0

@OPTOMETRIST

EYE APPLIANCES

DIAGNOSTIC AND ANC. PROCED

OTHER OPTOMETRIC SERVICES

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00		.00
VISITS	0	0		.00		.00	.000	.00	j	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	j	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	)	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	)	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00		.00
NURSE ANESTHESIST	0	0	ب خ	.00	\$	.00	.000	\$ .00		.00
	0		ې د							
NURSE MIDWIFE	· ·	0	ې د	.00	\$	.00	.000	\$ .00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$ .00		.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$ .00		.00
@TOTAL HOSPITAL	0	0	Ş	.00	\$	.00	.000	\$ .00		.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	)	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	J	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	j	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	)	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	)	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0									
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	0	_	.00	_	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000			.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	j	.00
ANCILLARIES	0	0		.00		.00	.000	.00	J	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	j	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	)	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	)	.00
MEDICAL	0	0		.00		.00	.000	.00	)	.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	o o	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	EC MC							PAGE 9,719
MOP024	FEE-FOR-SERVICE		ES MC	NIH-OF-FAIMENI KE	FFORI	FOR JAN 200	12 INKU 1	DEC 2002	г	01/17/03
		,	חווחווה	DE HOE						01/1//03
PLUMAS COUNTY	SUMMAKI OF SERV	VICES FOR 74 FOR I	c O 1.O F	/E USE				OMBETT ATTE	) J ( III	
00 ELIGIBLES	USERS	IINITE OF SERVICE		EXPENDITURES	7\ 7.777			ONTHLY AVE		
AA ETIRIDIES	CALCU	UNITS OF SERVICE		FVLFNNTIAKF9		RAGE COST UN . UNIT/DAY P				COST PER ELIGIBLE
ACOMMINITY HOSPITAL TOTAL	0	OR DAYS OF CARE		.00	\$	.0011/DA1 P	.000		) \$	.00
@COMMUNITY HOSPITAL TOTAL	U	U	P	.00	Ą	.00	.000	٠ . 0 (	P	.00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE	0	•									
CROSSOVERS/ALL OTH OUTPINT	0	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@STATE HOSPITAL	U	0	\$	.00	\$	.00	.000	\$		\$	.00
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	•	.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0	т	.00	Ψ	.00	.000	Τ	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
PATHOLOGY	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	0	0	ċ		Ċ			Ċ		ċ	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$		\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	U	U		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES MC	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC 2	2002	PAGE	
MOP024	FEE-FOR-SERVICE									0.2	L/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	FUTUR	RE USE							
							M	IHTNC	LY AVERAG	E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S CC	OST PER	COST	Γ PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG		USER		GIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00		\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,721 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLUMAS COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

			,		_					
							MON	THLY AVERA	4GE	
43 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	16	88	\$	4,211.07	\$	47.85	2.047	263.19	\$	97.93
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	.00	\$	.00
OUTPATIENT VISITS	0	0		.00		.00	.000	.00		.00
OFFICE VISITS	0	0		.00		.00	.000	.00		.00
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	Ω	Λ		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00			.000		.00		.00
	1.1	22	Ś		ċ	.00		ċ	144.25	ċ	36.90
@PHARMACY PRESCRIPTION DRUGS	11	22	Þ	1,586.75	\$	72.13	.512	Ş	144.25	Ş	
SNF/ICF	11	0		1,586.75		72.13	.512				36.90
	1.1	-		.00		.00	.000		.00		.00
OUTPATIENTS	11	22		1,586.75		72.13	.512		144.25		36.90
MEDICAL SUPPLIES	U	0		.00		.00	.000		.00		.00
@DENTIST	U	0	Ş	.00	\$	.00	.000	\$	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAC	
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/17/03

----- MONTHLY AVERAGE -----43 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 90.30 @OPTOMETRIST 4 22.58 .093 \$ 90.30 \$ 2.10 1.10 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 .023 47.45 42.85 14.28 .070 42.85 EYE APPLIANCES 1.00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$ .00 \$ .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$ .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 . 00 . 00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .00 .000 \$ @HOME HEALTH AGENCY .00 \$ .00 \$ .00 NURSE ANESTHESIST .00 .00 .000 \$ .00 .00 NURSE MIDWIFE .00 .00 .000 \$ .00 .00 .00 .00 .000 \$ .00 \$ PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$ .00 \$ .00 .930 \$ 40 855.68 21.39 19.90 @TOTAL HOSPITAL 142.61 \$ .00 0 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

PLUMAS COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	40	855.68	21.39	.930	142.61	19.90
MEDICAL	4	7	302.16	43.17	.163	75.54	7.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	22	251.95	11.45	.512	83.98	5.86
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	6	215.10	35.85	.140	53.78	5.00
CROSSOVERS/ALL OTH OUTPINT	4	5	86.47	17.29	.116	21.62	2.01
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 9,723

PLUMAS COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

I HOIMID COONII	COLUMN OF SERVE	1020 1010 70 001		1 2112 / 1123 0		-	IID CODEC	011		r A T I II I		C.E.	
43 ELICIDIES	HCEDC	INTER OF CERTIC	יתוי	EXPEND	THILDEC	7/ 7/ 7/ 7/	RAGE COST				HLY AVERA		COST PER
43 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL	USERS	UNITS OF SERVIC		EXPEND	TTURES		UNIT/DAY				USER		ELIGIBLE
ACOMMINITY HOSDITAL TOTAL	6	OR DAYS OF CAR	œ S		255 62	\$					142.61		
COMM HOSP INDATIFAT TOTAL	0	0	۲	7	.00	Y	.00		000	Y	.00	Y	.00
HSC HOSPITALS	0	0			.00		.00		000		.00		.00
NON-HSC HOSPITALS TOTAL	0 0 0 0 0 0 0	0			.00		.00		000		.00		.00
ACCOMMODATIONS	0	0			.00		.00		000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0			.00		.00		000				.00
TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
	0	0			.00		.00		000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00		000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0	0			.00		.00		000		.00		.00
	0	0											
ALL OTHER INPATIENT	0	40			.00		.00		000		.00 142.61		.00
COMM HOSP OUTPATIENT TOTAL	6	4 0 7			855.68		21.39		930		142.61		19.90
MEDICAL	0	0			302.16		43.17		163		75.54		7.03
SURGERY	0	•			.00		.00		000		.00		.00
PATHOLOGY	3	22			251.95		11.45		512		83.98		5.86
RADIOLOGY	0	0			.00		.00		000		83.98 .00 53.78		.00
ROOM USE	4	6			215.10		35.85		140				5.00
CROSSOVERS/ALL OTH OUTPINT	4	5	<u> </u>		86.47	<u> </u>	17.29		116	<u> </u>	21.62	<u> </u>	2.01
@STATE HOSPITAL	0	0	\$	?	.00	\$	.00		000	Ş	.00		.00
MENTALLY ILL	0	0			.00		.00		000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00		000		.00		.00
@NURSING FACILITY	0	0	\$	P .	.00	\$	.00		000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0			.00		.00		000		.00		.00
LEV B-REHAB MD	0	0			.00		.00		000		.00		.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED  @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR  @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0			.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
LEV B-REGULAR	0	0		_	.00	_	.00		000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	į.	.00	\$	.00		000	Ş	.00	Ş	.00
ICF DDH	0	0			.00		.00		000		.00		.00
ICF DD	0	0			.00		.00		000		.00		.00
ICF DDN/DDCN	0	0			.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	į.	.00	\$	.00		000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0			.00		.00		000		.00		.00
HEMODIALYSIS CENTER	0	0		_	.00	_	.00		000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$	P .	.00	\$	.00		000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0			.00		.00		000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00		000		.00		.00
@LABORATORY FACILITY	3	8	\$		179.44	\$	22.43		186	Ş	59.81		4.17
PATHOLOGY	3	8			179.44		22.43		186		59.81		4.17
XO AND OTHERS	0	0 11			.00	_	.00		000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	8	11	\$	-,	377.26	\$	125.21			\$		Ş	32.03
CLINIC	0	0			.00		.00		000		.00		.00
BONGICHNIEN	O	0			.00		.00		000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	. (	000		.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	8	11		1,	377.26		125.21		256		172.16		32.03
			RES	S MONTH-OF-PA	YMENT R	EPORT.	FOR JAN	2002 TF	łRU	DEC	2002	P.	
	FEE-FOR-SERVICE												01/17/03
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 75 SSI	AP	PPEAL/NLDC		Ž	AID CODES		_			~=	
43 FLICTRIES		INTER OF CERTIC		EVDEND							HLY AVERA		

43 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	3 \$	121.64	\$ 40.55	.070 \$	60.82	\$ 2.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.023	105.00	2.44
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.047	16.64	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

 $\ensuremath{\text{@}}\star$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$  These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,725
MOP024 FEE-FOR-SERVICE/DENTAL
PLUMAS COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

					MOI	NTHLY AVERA	GE
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
19,843	260,945	\$	14,404,957.79	\$ 55.20	8.155	\$ 725.95	\$ 450.20
3,222	9,305	\$	352,572.87	\$ 37.89	.291	\$ 109.43	\$ 11.02
664	784		32,816.00	41.86	.025	49.42	1.03
434	501		19,866.72	39.65	.016	45.78	.62
0	0		.00	.00	.000	.00	.00
125	140		6,715.47	47.97	.004	53.72	.21
1	1		62.23	62.23	.000	62.23	.00
30	36		3,031.32	84.20	.001	101.04	.09
102	106		3,140.26	29.63	.003	30.79	.10
242	901		57,031.55	63.30	.028	235.67	1.78
229	702		32,838.13	46.78	.022	143.40	1.03
28	197		24,128.12	122.48	.006	861.72	.75
2	2		65.30	32.65	.000	32.65	.00
15	15		697.85	46.52	.000	46.52	.02
15	15		697.85	46.52	.000	46.52	.02
0	0		.00	.00	.000	.00	.00
	19,843 3,222 664 434 0 125 1 30 102 242 229 28 2 15	OR DAYS OF CAR  19,843 3,222 9,305 664 784 434 501 0 0 125 140 1 30 36 102 106 242 901 229 702 28 197 2 15	OR DAYS OF CARE  19,843	OR DAYS OF CARE  19,843 260,945 \$ 14,404,957.79 3,222 9,305 \$ 352,572.87 664 784 32,816.00 434 501 19,866.72 0 0 .00 125 140 6,715.47 1 1 62.23 30 36 3,031.32 102 106 3,140.26 242 901 57,031.55 229 702 32,838.13 28 197 24,128.12 2 2 65.30 15 15 697.85 15 697.85	OR DAYS OF CARE  19,843 260,945 3,222 9,305 664 784 32,816.00 41.86 434 501 19,866.72 39.65 0 0 0 0 0 0 0 0 0 125 140 6,715.47 47.97 1 1 1 62.23 62.23 30 36 3,031.32 84.20 102 102 106 3,140.26 29.63 242 901 57,031.55 63.30 229 702 32,838.13 46.78 28 197 24,128.12 122.48 2 2 65.30 32.65 15 15 15 697.85 46.52	USERS UNITS OF SERVICE OR DAYS OF CARE  19,843 260,945 \$ 14,404,957.79 \$ 55.20 8.155 3,222 9,305 \$ 352,572.87 \$ 37.89 .291 3664 784 32,816.00 41.86 .025 434 501 19,866.72 39.65 .016 0 0 .00 .00 .000 .000 125 140 6,715.47 47.97 .004 1 1 1 62.23 62.23 .000 30 36 3,031.32 84.20 .001 102 106 3,140.26 29.63 .003 242 901 57,031.55 63.30 .028 229 702 32,838.13 46.78 .022 28 197 24,128.12 122.48 .006 2 2 2 65.30 32.65 .000 15 15 15 697.85 46.52 .000	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           19,843         260,945         \$ 14,404,957.79         \$ 55.20         8.155         \$ 725.95           3,222         9,305         \$ 352,572.87         \$ 37.89         .291         \$ 109.43           664         784         32,816.00         41.86         .025         49.42           434         501         19,866.72         39.65         .016         45.78           0         0         .00         .00         .000         .00           125         140         6,715.47         47.97         .004         53.72           1         1         62.23         62.23         .000         62.23           30         36         3,031.32         84.20         .001         101.04           102         106         3,140.26         29.63         .003         30.79           242         901         57,031.55         63.30         .028         235.67           229         702         32,838.13         46.78         .022         143.40           28         197         24,128.12         122.48         .006         861.72           2

INPATIENT HOSPITAL SURGERY	171	802	84,766.12	105.69	.025	495.71	2.65	
PRINCIPAL SURGEON	126	160	70,626.64	441.42	.005	560.53	2.21	
ASSISTANT SURGEON	24	24	4,002.93	166.79	.001	166.79	.13	
ANESTHESIOLOGIST	47	618	10,136.55	16.40	.019	215.67	.32	
OUTPATIENT SURGERY	142	431	33,352.47	77.38	.013	234.88	1.04	
PRINCIPAL SURGEON	117	159	27,540.91	173.21	.005	235.39	.86	
ASSISTANT SURGEON	2	2	241.99	121.00	.000	121.00	.01	
ANESTHESIOLOGIST	35	270	5,569.57	20.63	.008	159.13	.17	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	335	564	18,567.11	32.92	.018	55.42	.58	
RADIOLOGY	1,331	2,120	57,229.00	26.99	.066	43.00	1.79	
PSYCHIATRY	. 0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	27	603	8,695.76	14.42	.019	322.07	.27	
OTHER SERVICES/ALL X-OVERS	1,076	3,085	59,417.01	19.26	.096	55.22	1.86	
@PHARMACY	12,891	64,854 \$	3,604,199.48	\$ 55.57	2.027	\$ 279.59	\$ 112.64	
PRESCRIPTION DRUGS	12,810	46,245	3,494,519.88	75.57	1.445	272.80	109.21	
SNF/ICF	856	4,956	286,986.91	57.91	.155	335.27	8.97	
OUTPATIENTS	11,983	41,289	3,207,532.97	77.68	1.290	267.67	100.24	
MEDICAL SUPPLIES	443	18,609	109,679.60	5.89	.582	247.58	3.43	
@DENTIST	295	1,458 \$	65,325.15	\$ 44.80	.046	\$ 221.44	\$ 2.04	
VISITS - DIAGNOSTIC	215	714	11,997.29	16.80	.022	55.80	.37	
ORAL SURGERY	63	247	19,102.00	77.34	.008	303.21	.60	
DRUGS	20	32	468.36	14.64	.001	23.42	.01	
ANESTHESIA	63 20 30 5	30	3,000.00	100.00	.001	100.00	.09	
PERIODONTICS	5	5	800.00	160.00	.000	160.00	.03	
ENDODONTICS	24	59	6,563.00	111.24	.002	273.46	.21	
RESTORATIVE DENTISTRY	82	290	17,578.00	60.61	.009	214.37	.55	
PROSTHETICS	4	4	90.00	22.50	.000	22.50	.00	
DENTURES, STAYPLATES	9	16	1,071.00	66.94	.001	119.00	.03	
SPACE MAINTAINERS	8	9	995.00	110.56	.000	124.38	.03	
MAXILLOFACIAL SERVICES	3	3	98.00	32.67	.000	32.67	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	27	43	3,562.50	82.85	.001	131.94	.11	
ALL OTHER SERVICES	6	6	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 9,726	
MOP024	FEE-FOR-SERVICE	•					01/17/03	
PLUMAS COUNTY	SUMMARY OF SERV	ICES FOR 80 TOTAL	CERTIFIED					
04 005						NTHLY AVERA		
31,997 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	

31,997 ELIGIBLES	USERS	UNITS OF SERVIC	F.	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	COST PER	ш	COST PER
31,337 111011110	ODLING	OR DAYS OF CAR		EMPLIONES		R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	990	2,654	_ \$	69,725.44	\$	26.27	.083	70.43	Ś	2.18
DIAGNOSTIC AND ANC. PROCED	502	507	'	22,540.04	'	44.46	.016	44.90		.70
EYE APPLIANCES	707	1,923		43,439.02		22.59	.060	61.44		1.36
OTHER OPTOMETRIC SERVICES	163	224		3,746.38		16.72	.007	22.98		.12
@CHIROPRACTOR	8	12	\$	200.22	\$	16.69	.000	\$ 25.03	\$	.01
VISITS	7	10		167.20		16.72	.000	23.89		.01
OTHER SERVICES	1	2		33.02		16.51	.000	33.02		.00
@PODIATRIST	106	142	\$	5,629.31	\$	39.64	.004	\$ 53.11	\$	.18
MEDICINE/INJECTIONS	67	76		2,101.89		27.66	.002	31.37		.07
SURGERY/ANES.	13	16		1,758.99		109.94	.001	135.31		.05
RADIO./PATHOLOGY	1	1		17.30		17.30	.000	17.30		.00
OTHER	37	49		1,751.13		35.74	.002	47.33		.05
@HOME HEALTH AGENCY	36	268	\$	18,721.28	\$	69.86	.008	\$ 520.04	\$	.59
NURSE ANESTHESIST	6	85	\$	439.10	\$	5.17	.003	\$ 73.18	\$	.01
NURSE MIDWIFE	8	78	\$	3,465.08	\$	44.42	.002	\$ 433.14	\$	.11
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

TANTAU AUTOR DDAGTTTTOATD 2 2 4 144 00 4 40 07 000 4 44	07 0
	.07 \$ .00
	.04 \$ 80.33
HOSP INPATIENT TOTAL 384 1,568 1,931,944.16 1232.11 .049 5031	
HSC HOSPITALS 33 208 301,503.88 1449.54 .007 9136	
NON-HSC HOSPITAL TOTAL 243 891 1,549,133.31 1738.65 .028 6375	
ACCOMMODATIONS 243 891 547,936.82 614.97 .028 2254	
	.58 .02
TRANSITIONAL IP CARE 0 0 .00 .00 .000	.00 .00
ALL OTHER ACCOM 242 889 547,436.24 615.79 .028 2262	
ANCILLARIES 243 0 1,001,196.49 .00 .000 4120	
i i i i i i i i i i i i i i i i i i i	.94 2.54
ALL OTHER INPATIENT 1 0 .00 .00 .000	.00 .00
· · · · · · · · · · · · · · · · · · ·	.56 19.95
	.31 4.36
	.14 1.32
	.60 1.79
	.85 3.72
	.08 4.42
	.47 4.35
	.90 \$ .03
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .000	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00	.00 .00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00	.00
ANCILLARIES 0 0 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00	.00
	.90 .03
MEDICAL 0 0 61.23 .00 .000	.00
	.20 .01
	.38 .01
	.78 .00
ROOM USE 4 6 342.57 57.10 .000 85	.64 .01
CROSSOVERS/ALL OTH OUTPTNT 2 3 36.88 12.29 .000 18	.44 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	/
MOP024 FEE-FOR-SERVICE/DENTAL	01/17/03
PLUMAS COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED	
MONTHLY A	VERAGE
31,997 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST	PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USE	_
	.49 \$ 80.30
COMM HOSP INPATIENT TOTAL 384 1,568 1,931,944.16 1232.11 .049 5031	.10 60.38

31,997 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,880	23,669 \$	2,569,249.02	\$ 108.55	.740 \$	526.49	\$ 80.30
COMM HOSP INPATIENT TOTAL	384	1,568	1,931,944.16	1232.11	.049	5031.10	60.38
HSC HOSPITALS	33	208	301,503.88	1449.54	.007	9136.48	9.42
NON-HSC HOSPITALS TOTAL	243	891	1,549,133.31	1738.65	.028	6375.03	48.41
ACCOMMODATIONS	243	891	547,936.82	614.97	.028	2254.88	17.12
ADMINISTRATIVE DAYS	1	2	500.58	250.29	.000	500.58	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	242	889	547,436.24	615.79	.028	2262.13	17.11
ANCILLARIES	243	0	1,001,196.49	.00	.000	4120.15	31.29
INPATIENT CROSSOVERS	109	469	81,306.97	173.36	.015	745.94	2.54
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,668	22,101	637,304.86	28.84	.691	136.53	19.92
MEDICAL	2,167	3,121	139,288.28	44.63	.098	64.28	4.35

SURGERY	324	421	41,905.10	99.54	.013	129.34	1.31
PATHOLOGY	1,370	5 <b>,</b> 059	56,947.43	11.26	.158	41.57	1.78
RADIOLOGY	1,035	1,535	118,955.94	77.50	.048	114.93	3.72
ROOM USE	2,432	3 <b>,</b> 358	141,148.78	42.03	.105	58.04	4.41
CROSSOVERS/ALL OTH OUTPTNT	2,461	8,607	139,059.33	16.16	.269	56.51	4.35
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,135	35 <b>,</b> 912	\$ 5,269,581.32	\$ 146.74	1.122	\$ 4642.80	\$ 164.69
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,135	35 <b>,</b> 912	5,269,581.32	146.74	1.122	4642.80	164.69
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	42	\$ 23,601.11	\$ 561.93	.001	\$ 813.83	\$ .74
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	29	42	23,601.11	561.93	.001	813.83	.74
@REHABILITATION FACILITY	7	22	\$ 677.80	\$ 30.81	.001	\$ 96.83	\$ .02
HOSPITAL BASED	6	19	628.56	33.08	.001	104.76	.02
INDEPENDENT FACILITY	1	3	49.24	16.41	.000	49.24	.00
@LABORATORY FACILITY	815	1,874	\$ 32 <b>,</b> 307.37	\$ 17.24	.059	\$ 39.64	\$ 1.01
PATHOLOGY	804	1,860	32,022.74	17.22	.058	39.83	1.00
XO AND OTHERS	11	14	284.63	20.33	.000	25.88	.01
@ORGANIZED OUTPATIENT CLINIC	9,095	15 <b>,</b> 592	\$ , ,	\$	.487	\$ 219.34	\$ 62.35
CLINIC	81	233	11,185.44	48.01	.007	138.09	.35
SURGICENTER	11	33	1,203.64	36.47	.001	109.42	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 9,031 15,326 1,982,474.77 129.35 .479 219.52 61.96
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,728
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

						MONTHLY AVERAGE						
31,997 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COS	ST PER		COST PER		
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	Ţ	JSER		ELIGIBLE		
@ALL OTHER PROVIDERS	2,333	104,949	\$	393,287.99	\$ 3.75	3.280	\$	168.58	\$	12.29		
DURABLE MED. EQUIP.	106	5 <b>,</b> 439		72,933.92	13.41	.170	(	588.06		2.28		
BLOOD BANK	0	0		.00	.00	.000		.00		.00		
HEARING AID DISPENSERS	22	39		6,211.96	159.28	.001		282.36		.19		
MEDICAL TRANSPORTATION	294	52 <b>,</b> 638		182,154.43	3.46	1.645	(	519.57		5.69		
AMBULANCES/AIR TRANS	195	3 <b>,</b> 772		62,446.67	16.56	.118	;	320.24		1.95		
OTHER TRANS	45	47 <b>,</b> 451		72,968.85	1.54	1.483	1	521.53		2.28		
OTHER SERVICES	76	1,415		46,738.91	33.03	.044		514.99		1.46		
ACUPUNCTURE	18	53		902.90	17.04	.002		50.16		.03		
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000		.00		.00		
GENETIC DISEASE TESTING	93	96		8,359.00	87.07	.003		89.88		.26		
IHMC, MODEL-NF, NF, AIDS, MSSP	2	17		657.97	38.70	.001	;	328.99		.02		
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000		.00		.00		
OPTICIAN	622	1,388		15,555.74	11.21	.043		25.01		.49		
PHYSICAL THERAPIST	79	484		7,528.03	15.55	.015		95.29		.24		
PORTABLE X-RAY	1	3		55.75	18.58	.000		55.75		.00		
PROSTHETIST/ORTHOTISTS	14	29		3,147.52	108.54	.001		224.82		.10		
PROSTHETICS	11	26		2,925.53	112.52	.001		265.96		.09		
ORTHOTICS	3	3		221.99	74.00	.000		74.00		.01		
PSYCHOLOGIST	2	6		344.50	57.42	.000		L72.25		.01		
SPEECH AND AUDIOLOGY	5	11		451.70	41.06	.000		90.34		.01		
HOSPICE SERVICES	0	0		.00	.00	.000		.00		.00		
NONINST BIRTHING CENTERS	0	0		.00	.00	.000		.00		.00		
LOCAL EDUCATION AGENCIES	692	3 <b>,</b> 513		44,028.52	12.53	.110		63.63		1.38		
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000		.00		.00		
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000		.00		.00		
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000		.00		.00		
ALL OTHER PROVIDERS	476	41,233		50,956.05	1.24	1.289		107.05		1.59		
@CALIF. CHILDREN SERVICES*	131	6 <b>,</b> 780	\$	206,821.38	\$ 30.50	.212	\$ 1	578.79	\$	6.46		
@XOVER EXCLUDING STATE HOSP**	2,092	13,351	\$	333,411.31	\$ 24.97	.417	\$	L59.37	\$	10.42		

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLUMAS COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.